Application for Federal Education Assistance (ED 424)			U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004		
Applicant Information 1. Name and Address Legal Name: Sacramento City Unified School District		8 2002	Organizational Unit Community Health and Human Services		
Address: 520 Capital Mall STA	VTE CLEA	RING HOUSE	Services		
6th Floor, Box 8					
Sacramento		CA Sacrame	nto 95814 - 4704		
City		State County			
2. Applicant's D-U-N-S Number 0 6 0 6 9 7	1_[0_[9_]	6. Novice Applic	ant X Yes No		
3. Applicant's T-I-N 9 4 - 6 0 0 2 4 9			t delinquent on any Federal debt?Yes _X_No		
4. Catalog of Federal Domestic Assistance #: 841 8_	_4B_				
Title: Mentoring Programs [OESE]		8. Type of Applic	cant (Enter appropriate letter in the box.)		
5. Project Director: Michele Hobza Address: 520 Capital Mall		A - State F - Independent School District B - Local G - Public College or University C - Special District H - Private, Non-profit College or University D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organization			
Eighth Floor, Box 63 CA 95814 City State Zip code Tel. #: (916) _264 - 3118 Fax #: (916) _264 - 3 E-Mail Address: MICHELEH.CO PO.SCUSD@sac-ci Application Information	3206	K - Other (Sp	ecify):		
9. Type of Submission: -PreApplication -Application Construction Non-Construction X Non-Construction		any time du	urch activities involving human subjects planned at ring the proposed project period? to to 12a.) _X_ No (Go to item 13.)		
10. Is application subject to review by Executive Order 123 X Yes (Date made available to the Executive Order process for review): 07 / 01 /2002		exemp	I the research activities proposed designated to be of from the regulations? ovide Exemption(s) #):		
No (If "No," check appropriate box below.)		No (Pro	vide Assurance #);		
Program is not covered by E.O. 1237.	2.	13. Descriptive T	title of Applicant's Project:		
Program has not been selected by State 11. Proposed Project Dates: 10/ 01 /2002 09 / 30 Start Date: End		The SCUSD "F	riends for the Future" Mentoring Program		
Estimated Funding Author	ized Repres	entative Informa	tion I data in this preapplication/application are true		
			authorized by the governing body of the applicant		
			ached assurances if the assistance is awarded.		
		ative (<i>Please type or pi</i>			
d. Local \$00	Sweeney				
	uperintendent				
f. Program Income \$, 00 c. Tel. #: ((916) <u>264 - 4</u>	1000 Fax #: (916)	264 - 4013		
d. E-Mail	Address: Jin	nSw@sac-city.k12.ca.u	IS		
g. TOTAL \$1,232,370 00 e. Signatu	ire of Authoric	zed Representative	Date: 6 / 28 / 2002		

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information	CQ. I razzon
1. Name and Address	Organizations/ Unit
Legal Name: Imani Phi Christ Scronity, Inc.	
Address: 4408 Presidio Drive Suite 15	
Los Angeles	CA Los Angeles 90008 - 4840
City	State County ZIP Code + 4
2. Applicarri's D-U-N-S Number 1 1 2 7 6 3 1 6 9	6. Novice Applicant Ves No
3. Applicant's T-t-N 0 1 - 0 6 5 0 4 8 3	
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B	7. Is the applicant delinquent on any Federal debt? Yes No
4. Catalog of Federal Domestic Assistance 9: 8 4 1 8 4 B Title: Mentoring Programs	(If "Yes," attach an explanation.)
	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: Nicole Roberts, MSW	
Address: see above	A State G Public College or University B Local H Private, Non-Profit College or University
	C Special District 1 Non-Profit Organization
City State 2 IP Code + 4	D Indian Tribe 1 Private, Profit-Making Organization
Tel. #: (323) 969-4034 Fax #; (323) 296-1811	E Individual K Officer (Specify): F Independent School
E-Mail Address: ImaniPhiChrist@aol.com	District
Application Information	
- Charles and a second of the control of the contro	
9. Type of Submission:	12. Are any research activities involving human subjects planned at any time during the proposed project period?
PreApplication Application	and one bechouses is also that
Construction Construction	Yes (Go to 12a.) No (Go to item 13.)
Non-Construction Non-Construction VE	12g Are all the regenete authority
	12a. Are all the research activities proposed designated to be exempt from the regulations?
10. Is application subject to review by Executive Order 12372 process?	Yes (Provide Exemption(s) #):
The fact was assisted to the thought of Grand (\$2) 5	No (Provide Assurance #): None
process for review):	
No (If "No," check appropriate box below) Program is not covered by E 0.1237 RING HOUSE	Imani Phi Christ Sorority, Inc. is a faith based mentoring
)	training and community service organization for young girls
Program has not been selected by State for review.	ages 12 - 20.
Start Date: End Date:	
11. Proposed Project Dates: 10/1/2002 9/30/2005	
Estimated Funding Authoria	zed Representative Information
	of my knowledge and belief, all data in this preapplication/application are true and
correct. The	e document has been duly authorized by the governing braty of the annicent and
	It will comply with the strached assistances if the assistance is awarded. Representative (Please type or print name clearly.)
	oberts, MSW
b. Title	
d. Local s .00 Exec	cutive Director
e. Other \$.00 c. Tel.#: (3	23) 969-4034 Fax #: (323) 296-1811
d. E-Meil Addr	
f. Program Income \$.00	137/1
g. TOTAL \$ 113,083.00 e. Signature o	of Authorized Representative Date: 6/28/32

PLICATION FOR		E SATE CUMMITTED		Applicant Identifier
DERAL ASSISTAN	ICE	2. DATE SUBMITTED	5/28/02	
YPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
	Preapplication		ACENCY	Federal Identifier
Construction	Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	, coold, looking
Non-Construction	Non-Construction			
APPLICANT INFORMATION pal Name: Metropolita	an Water Distr	ict of Southern	Organizational Unit:	Water System Operations/ Water Quality
alifornia (Dr. Su	ın Liang)			number of person to be contacted on matters involved
dress (give city, county, State,	and zip code):		this application (give a	irea code)
O. Box 54153			PI Dr. Sun I	rea code) liang (909) 392-5273
os Angeles, CA	90054-0153		Admin. Conta	act: Lynn Kelemen (909) 392-5
EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
95 - 60 02	071		A. State	H. Independent School Dist.
			B. County	I. State Controlled Institution of Higher Learning
TYPE OF APPLICATION:	C o - November	A Revision	C. Municipal	J. Private University
☐ Nev	Continuation		D. Township	K, Indian Tribe L. Individual
Revision, enter appropriate lett	ter(s) in box(es)	Section 10 Section 1	E. Interstate F. Intermunicipal	M. Profit Organization
_		ase Duration	G. Special District	N. Other (Specify)
A. Increase Award B. Dec D. Decrease Duration Other	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ACENCY:
J. Decrease Dalamon Guisa	,	JUN 2 8 2002	9. NAME OF FEDER	AL AGENCT:
•			Environmen	tal Protection Agency
CATALOG OF FEDERAL D	lot.	TE CLEARING HOUS		TITLE OF APPLICANT'S PROJECT:
	tion kecearen		- Degarrance	ion Research and Innovation
TITLE: Innovati 2. AREAS AFFECTED BY PA	ation Research ion Partnership OJECT (Cities, Counties,		Partnersh	
Desalina TITLE: Innovati 2. AREAS AFFECTED BY PR California 3. PROPOSED PROJECT	On Partnership	States, etc.):	Partnersh	ip - II
TITLE: Innovati 2. AREAS AFFECTED BY PR California 3. PROPOSED PROJECT	14. CONGRESSIONAL David Drei	States, etc.):	Partnersh	ip - II ict, California
TITLE: Innovati 2. AREAS AFFECTED BY PR California	On Partnership	States, etc.):	Partnersh ssional Distr	ip - II ict, California Same
TITLE: Innovation 2. AREAS AFFECTED BY PR California 3. PROPOSED PROJECT Start Date Ending Date	14. CONGRESSIONAL David Dreid	States, etc.):	Partnersh ssional Distr	ip - II ict, California Same ON SUBJECT TO REVIEW BY STATE EXECUTIV
California California APROPOSED PROJECT Can Date Ending Date TBD TBD TBD TBD TBD TBD TBD	14. CONGRESSIONAL David Dreid	States, etc.):	Partnersh ssional Distr b. Project 16. IS APPLICATIO ORDER 12372	ip - II ict, California Same ON SUBJECT TO REVIEW BY STATE EXECUTIV PROCESS?
California 3. PROPOSED PROJECT Stan Date TBD TITLE: Innovation PROPOSED PROJECT Ending Date TBD	14. CONGRESSIONAL David Dreida. Applicant Same	Siates, etc.): DISTRICTS OF: er, 28th Congre	Partnersh ssional Distr b. Project 16. IS APPLICATIO ORDER 12372	ict, California Same ON SUBJECT TO REVIEW BY STATE EXECUTIV PROCESS?
California California APROPOSED PROJECT Can Date Ending Date TBD TBD TBD TBD TBD TBD TBD	14. CONGRESSIONAL David Dreid a. Applicant Same	States, etc.): DISTRICTS OF: er, 28th Congre	Partnersh ssional Distr b. Project 16. IS APPLICATIO ORDER 12372 a. YES. THIS PF	ict, California Same ON SUBJECT TO REVIEW BY STATE EXECUTIV PROCESS? REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:
California 3. PROPOSED PROJECT Start Date Ending Date TBD TBD 5. ESTIMATED FUNDING: A. Federal D. Applicant	14. CONGRESSIONAL David Dreid a. Applicant Same	States, etc.): DISTRICTS OF: er, 28th Congre	Partnersh ssional Distr b. Project 16. IS APPLICATION ORDER 12372 a. YES. THIS PF AVAILAN PROCES	ict, California Same ON SUBJECT TO REVIEW BY STATE EXECUTIV PROCESS? REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON: 6/28/02
TITLE: Innovation 2. AREAS AFFECTED BY PRESENTED BY PRESE	14. CONGRESSIONAL David Dreid a. Applicant Same \$ 1,838,597 \$ 632,438	Siates, etc.): DISTRICTS OF: er, 28th Congre	Partnersh ssional Distr b. Project 16. IS APPLICATIO ORDER 12372 a. YES. THIS PF AVAILAI PROCES	ict, California Same ON SUBJECT TO REVIEW BY STATE EXECUTIV PROCESS? REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON: 6/28/02
California 3. PROPOSED PROJECT Start Date Ending Date TBD TBD 5. ESTIMATED FUNDING: A. Federal D. Applicant	14. CONGRESSIONAL David Dreid a. Applicant Same \$ 1,838,597 \$ 632,438	Siates, etc.): DISTRICTS OF: er, 28th Congre	Partnersh ssional Distr b. Project 16. IS APPLICATIO ORDER 12372 a. YES. THIS PF AVAILAI PROCES DATE	ict, California Same DN SUBJECT TO REVIEW BY STATE EXECUTIV PROCESS? REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON: 6/28/02
TITLE: Innovati 2. AREAS AFFECTED BY PR California 3. PROPOSED PROJECT Start Date TBD TBD 5. ESTIMATED FUNDING: A. Federal D. Applicant C. State	14. CONGRESSIONAL David Dreid a. Applicant Same \$ 1,838,597 \$ 632,438	Siates, etc.): DISTRICTS OF: er, 28th Congre	Partnersh ssional Distr b. Project 16. IS APPLICATION ORDER 12372 a. YES. THIS PROCES AVAILAN PROCES DATE b. No. PROCES OR PROCES	ict, California Same DN SUBJECT TO REVIEW BY STATE EXECUTIV PROCESS? REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON: 6/28/02
TITLE: Innovati 2. AREAS AFFECTED BY PR California 3. PROPOSED PROJECT Start Date TBD TBD 5. ESTIMATED FUNDING: A. Federal D. Applicant C. State d. Local	14. CONGRESSIONAL David Dreid a. Applicant Same \$ 1,838,597 \$ 632,438 \$	States, etc.): DISTRICTS OF: er, 28th Congre	Partnersh ssional Distr b. Project 16. IS APPLICATION ORDER 12372 a. YES. THIS PROCEST DATE b. No. PROCEST FOR I	ict, California Same DN SUBJECT TO REVIEW BY STATE EXECUTIV PROCESS? REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON: 6/28/02 GRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW
California 3. PROPOSED PROJECT Start Date TBD TBD 5. ESTIMATED FUNDING: A. Federal D. Applicant C. State d. Local e. Other 1. Program Income	14. CONGRESSIONAL David Dreid a. Applicant Same \$ 1,838,597 \$ 632,438 \$ 1,441,949 \$	States, etc.): DISTRICTS OF: er, 28th Congre	Partnersh ssional Distr b. Project 16. IS APPLICATION ORDER 12372 a. YES. THIS PROCES DATE b. No. PROCES FOR I	ict, California Same DN SUBJECT TO REVIEW BY STATE EXECUTIV PROCESS? REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON: 6/28/02 GRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW CANT DELINQUENT ON ANY FEDERAL DEBT?
California 3. PROPOSED PROJECT Start Date TBD TBD 5. ESTIMATED FUNDING: A. Federal D. Applicant C. State d. Local e. Other 1. Program Income g. TOTAL	14. CONGRESSIONAL David Dreid a. Applicant Same \$ 1,838,597 \$ 632,438 \$ \$ 1,441,949 \$ \$ 3,912,984	States, etc.): DISTRICTS OF: er, 28th Congre	Partnersh ssional Distr b. Project 16. IS APPLICATION ORDER 12372 a. YES. THIS PROCES DATE b. No. PROCES FOR I	ict, California Same N SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS? REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON: 6/28/02 GRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW CANT DELINQUENT ON ANY FEDERAL DEBT? s," attach an explanation. NO CATION ARE TRUE AND CORRECT, THE
TITLE: Innovati 2. AREAS AFFECTED BY PR California 3. PROPOSED PROJECT Start Date TBD TBD 5. ESTIMATED FUNDING: A. Federal D. Applicant C. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DU	14. CONGRESSIONAL David Dreid a. Applicant Same \$ 1,838,597 \$ 632,438 \$ \$ 1,441,949 \$ \$ 3,912,984 NOWLEDGE AND BELIE BLY AUTHORIZED BY THE	States, etc.): DISTRICTS OF: er, 28th Congre	Partnersh ssional Distr b. Project 16. IS APPLICATION ORDER 12372 a. YES. THIS PROCES DATE b. No. PROCES FOR I	ict, California Same ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS? REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON: 6/28/02 GRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW CANT DELINQUENT ON ANY FEDERAL DEBT? S," attach an explanation.
TITLE: Innovati 2. AREAS AFFECTED BY PR California 3. PROPOSED PROJECT Start Date TBD TBD 5. ESTIMATED FUNDING: A. Federal D. Applicant C. State d. Local e. Other 1. Program Income g. TOTAL 18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DU ATTACHED ASSURANCES a. Type Name of Authorized F	14. CONGRESSIONAL David Dreid a. Applicant Same \$ 1,838,597 \$ 632,438 \$ 1,441,949 \$ 3,912,984 NOWLEDGE AND BELIE BLY AUTHORIZED BY THE FITHE ASSISTANCE IS Representative	States, etc.): DISTRICTS OF: er, 28th Congre	Partnersh ssional Distr b. Project 16. IS APPLICATION ORDER 12372 a. YES. THIS PROCES DATE b. No. PROCES FOR IT 17. IS THE APPLI Yes IT YE PLICATION/PREAPPLI F THE APPLICANT AN	ict, California Same DN SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS? REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON: 6/28/02 GRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW CANT DELINQUENT ON ANY FEDERAL DEBT? s," attach an explanation. CATION ARE TRUE AND CORRECT, THE D THE APPLICANT WILL COMPLY WITH THE C. Telephone Number
TITLE: Innovati 2. AREAS AFFECTED BY PR California 3. PROPOSED PROJECT Start Date TBD TBD 5. ESTIMATED FUNDING: A. Federal D. Applicant C. State d. Local e. Other 1. Program Income g. TOTAL 18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DU ATTACHED ASSURANCES a. Type Name of Authorized F Mic Stewart	14. CONGRESSIONAL David Dreid a. Applicant Same \$ 1,838,597 \$ 632,438 \$ 1,441,949 \$ 3,912,984 NOWLEDGE AND BELIE BLY AUTHORIZED BY THE THE ASSISTANCE IS Representative, Ph.D.	States, etc.): DISTRICTS OF: er, 28th Congre	Partnersh ssional Distr b. Project 16. IS APPLICATION ORDER 12372 a. YES. THIS PROCES DATE b. No. PROCES FOR I	ict, California Same ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS? REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON: 6/28/02 GRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW CANT DELINQUENT ON ANY FEDERAL DEBT? s," stisch an explanation.
TITLE: Innovati 2. AREAS AFFECTED BY PR California 3. PROPOSED PROJECT Start Date TBD TBD 5. ESTIMATED FUNDING: A. Federal D. Applicant C. State d. Local e. Other 1. Program Income g. TOTAL 18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DU ATTACHED ASSURANCES a. Type Name of Authorized F	14. CONGRESSIONAL David Dreid a. Applicant Same \$ 1,838,597 \$ 632,438 \$ 1,441,949 \$ 3,912,984 NOWLEDGE AND BELIE BLY AUTHORIZED BY THE THE ASSISTANCE IS Representative, Ph.D.	States, etc.): DISTRICTS OF: er, 28th Congre	Partnersh ssional Distr b. Project 16. IS APPLICATION ORDER 12372 a. YES. THIS PROCES DATE b. No. PROCES FOR IT 17. IS THE APPLI Yes IT YE PLICATION/PREAPPLI F THE APPLICANT AN	ict, California Same DN SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS? REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON: 6/28/02 GRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW CANT DELINQUENT ON ANY FEDERAL DEBT? s," attach an explanation. CATION ARE TRUE AND CORRECT, THE D THE APPLICANT WILL COMPLY WITH THE C. Telephone Number

8 Lig 6/27/02

Application for Federaul Education Assistance (ED)

D E G E JEXNIBET 11 1424) UN 2 8 2002

U.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information

 Name and Address Legal Name: City of Pico Rivera STATE CLEARING HOUSE

Address: City of Pico Rivera Department of Recreation and Community Services

Organizational Unit

Department of Recreation and Community Services

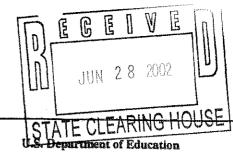
P.O.	Box 1016							
Pico	Rivera			CA	Los Angeles	90660-1016		
City				State	County	ZIP Code + 4		
2. Applicant's D-U-N-S Number 0 7 0 6 5 7 7 2 1			6. N	ovice Applicant X	YesNo			
3. Applicant's To	-I-N <u>1915</u> - [6	6 0 0 6 0 3 9			the applicant deling	quent on any Federal debt? Yes X No		
4. Catalog of Fed	ieral Domes	tic Assistance #: 84	1.11814	,,	,			
Title: Pico Rivera Mentor Program				8. Type of Applicant (Enter appropriate letter in the box.)				
5. Project Director: Scott Wasserman Address: P. O. Box 1016					A - State B - Local C - Special District D - Indian Tribe E - Individual	F - Independent School District G - Public College or University H - Private, Non-profit College or University I - Non-profit Organization J - Private, Profit-Making Organization		
, ,		CA State ax #: (562) 801-06 nan@pico-rivera.o			K - Other (Specify):			
Application Information 9. Type of Submission: -PreApplication Construction Non-Construction Non-Construction 10. Is application subject to review by Executive Order 12372 process? X Yes (Date made available to the Executive Order 12372 process for review): 07/02/2002 No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review.		13. I	any time during the Yes (Go to 12a 12a. Are all the re exempt from Yes (Provide F No (Provide A	tivities involving human subjects planned at e proposed project period? a.) X No (Go to item 13.) search activities proposed designated to be the regulations? exemption(s) #): ssurance #): Applicant's Project:				
11. Proposed Pro	ject Dates:	01 / 05 / 03 Start Date:	01 / 05 / 06 End Date:					
Estimated Fu	ınding		Authorized Repres			n this application are true		
14a. Federal	\$ 124,800	. 00	and correct. The do	cument ha	s been duly authori	zed by the governing body of the applicant		
b. Applicant	\$ 31,660.	00	and the applicant w	ill comply	with the attached a	ssurances if the assistance is awarded.		
c. State	\$ 0.00		a. Authorized Representa	ative (Plea	se type or print nar	ne clearly.)		
d. Local	\$ 0.00		Gregory Salcido					
e. Other	\$ 0.00		b. Title: Mayor, City of l	Pico River	<u>a</u>			
f. Program Incom	e \$ 0.00		c. Tel. #: (562) 801-4371					
			d. E-Mail Address: geolo					
g. TOTAL	\$ 156,460	. 00	e. Signature of Authoriz	ed Repr	_	Date 6/ 4/02		

•	DEGELVED
Application for Federal	JUN 2 8 Jun Approved
Education Assistance (ED 424)	DMB No. 1675-0106 Fxp. 11/30/2004
Applicant Information	STATE CLARAING HOUSE
1. Name and Address Legal Name: Saddleback Valley Unified School	
Address: 25631 Peter A. Hartman Way Mission Viejo, California 9269: City 2. Applicant's O-U-N-S Number 0 8 5 5 8 9 1 4 1	School District
3. Applicant's T-I-N 9 5 2 8 2 3 5 9 6 4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B Title: Mentoring Programs	7. Is the applicant delinquent on any Federal debt? Yes XX No (If "Yes," attach an explanation.) 8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: Carol Lerman S. V.U.S.D. Address: 25631 Peter A. Hartman Way Mission Viejo CA 92691. City State ZIP Code + 4 Tel. #: (949)580-3222 Fax #: (949)454-1711 E-Mall Address: Lerman@svusd.kl2.ca.us	A State G Public College or University B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization D Indian Tribe J Private, Profit-Making Organization E Individual K Other (Specify): I Independent School District
Application Information	
9. Type of Submission: —PreApplication —Construction —Construction —Non-Construction 10. Is application subject to review by Executive Order 12372 process? XX Yes (Date made available to the Executive Order 12372 process for review): 6/27/02 —No (If "No," check appropriate box below.) —Program is not covered by E.O. 12372. —Program has not been selected by State for review. Start Date: End Date: 11. Proposed Project Dates: Fall 2002 Summer 2005	12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Saddleback Valley Unified School District Mentoring Connection
Estimated Funding Author	ized Representative Information
14a. Federal \$ 189,000 .00 correct. Ti	of my knowledge and belief, all data in this preapplication/application are true and he document has been duly authorized by the governing body of the applicant and
	ant will comply with the attached assurances if the assistance is awarded. d Representative (Please type or print name clearly.)
c. State \$.00 Jerry.	C. Gross
	intendent
e Other S .go c. Tel.#: (
E. Odiel	949) 586–1234 Fax #: <u>(949) 951–09</u> 94
E. Odiel	949) 586–1234 Fax #: (949) 951–0994 Gress: grossj@svusd.kl2.ca.us

Application for Federal	U.S. Department of Education
Education Assistance (ED 424)	Form Approved OMB No, 1875-0106 Exp. 11/36/2004
Legal Name: Redwood Community Action Agency	2002 Organizational Unit
Address: 904 G St. STATE CLEARIN	IG HOUSE
1.111 OKG.	Ca. Humboldt 95501 - 1829 tate County ZIP Code + 4
2. Applicant's D-U-N-S Number 1 2 0 8 0 3 8 5 3	6. Novice ApplicantX_YesNo
3. Applicant's T-1-N 9 4 - 2 6 4 6 3 7 0	7. Is the applicant delinquent on any Federal debt? Yes X No (If "Yes," attach an explanation.)
4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B	(i) les, ander an explanation.)
Title: Mentoring Programs, Department of Education, Office of	8. Type of Applicant (Enter appropriate letter in the box.)
Elementary and Secondary Education, Safe and Drug-Free Schools Programs	A - State F - Independent School District
5. Project Director: Lorey Keele	B - Locat G - Public College or University C - Special District H - Private, Non-profit College or University
Address: 904 G St.	D - Indian Tribe I - Non-profit Organization E - Individual I - Private, Profit-Making Organization
Eureka <u>Ca.</u> 95501	K - Other (Specify):
Tel. #: (707) 269-2052 Fax #: (707) 445-0884	
E-Mail Address:mentor@rcaa.org	
Application Information 9. Type of Submission: -PreApplication Construction Non-Construction X Non-Construction 10. Is application subject to review by Executive Order 12372 process? x Yes (Date made available to the Executive Order 12372 process for review): 06 / 28 / 02	 12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.)X_No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #):
No (If "No." check appropriate box below.)	No (Provide Assurance #):
Program is not covered by E.O. 12372. Program has not been selected by State for review.	13. Descriptive Title of Applicant's Project:
11. Proposed Project Dates: 10 / 01 / 02 09 / 30 / 05 Start Date: End Date:	The Northcoast Mentor Program is a collaborative within which partners have shared goals and objectives. See attachment.
Estimated Funding Authorized Represents. To the best of my known and t	ntative Information wledge and belief, all data in this preapplication/application are true
14a. Federal \$ 200.000	ment has been duly authorized by the governing body of the applicant
2.1.4[7]	comply with the attached assurances if the assistance is awarded.
	ive (Please type or print name clearly.)
	Thobaben, LCSW
	Executive Director
	1Fax #: (707) 445-0884
	ning@rcaa.org
g. TOTAL \$200,000, 00 e. Signature of Authorize	
- Jha	Date: 06 / 24 / 02

							JUN OMB A		2002 Ng. 0348-0	1043
APPLICATION FOR FEDERAL ASSISTANCE 2. DATE SUBMITTED				······	Applicant identific	9/				٦٦_
1 TYPE OF SUBMISSIO			06/27/2002 a, date received b	Y STATE	Stale Application	STA	TE CL	FYKI	NG HO	<u>Uğ</u> t
Application Construction	Proappiles Consti	ucion –	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifing		tanakan erek sama atau erek erek erek erek erek erek erek ere			_
Non-Construction 5 APPLICANT INFORMA		***************************************					\dashv			
Legal Name: Vista Community Olinic			Organizational Unit Infancia Feliz							
Address (give city, county		Je);		Name and telephone spolicetion (pive area		eon to be c	ontacied on r	mailers Inv	olving this	
1000 Vale Terrace Vista, CA 92084				Barbara Manni (760) 631-5000	no, Executive	Director	,			
6. EMPLOYER IDENTIFIED 9 5	- 2 8 1	(EIN): 5 6 1 5	Ravision	7. TYPE OF APPLIC A. Stale B. County C. Municipal	H. () (, 5 J. (*	ndepandan Slate Contro Privalo Univ	Listing of the control of the contro		r Loamin)ពិព្	
If Revision, anter appropriate letter(a) in box(as): A. Increase Award 2. Decrease Award C. Increase Duration D. Dottrense Duration Other (specify):			D. Township K. Indian Tribe E. Interptate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): Non-Profit 3. NAME OF FEDERAL AGENCY:					-		
				Brenda Doroski, EPA, Indoor Air, (202)564-9764 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:						
10. CATALOG OF FEDE ASSISTANCE NUMB		6 6	6 0 6	Hogaros Sanos/Healthy Homas: Community Based In-Home Environmental Education and Management						
TITLE:										
12. AREAS AFFECTED North San Diego (
13. PROPOSED PROJE	CT:	14. CONGRESSIO	INAL DISTRICTS OF:							
Start Date	Ending Date	n. Applicant			b. Project					
01/01/2003	12/31/2004	Congressiona			Congression					
15, ESTIMATED FUNDI	NG;	150,000.		tion subject to re						riv=
g. Federal			OROER	12372 PROCESS FOR	REVIEW ON:	NO MADE A	VASCABLE 1	Ο 17 (12 Ο 7		-
5. Applicant	\$	25,942.	_	6/27/2002	The state of the s					
c. State	\$		ь, но.	PROGRAM IS NOT C	OVERED BY E.O.	12372				
d. Local	\$		00	OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW						
s. Other	\$	-	00							
f. Program Income	S		l	TION DELINQUENT O		DEBT?	v 1	ln.		
g. TOTAL	3	175,942.	—i	if "Yos." attach an exp	e तम्प्रदाते.		<u> </u>	•		
18, TO THE BEST OF MY	L KNOWLEDGE AN	D BELIEF, ALL DAT	A IN THIS APPLICATION	NIPREAPPLICATION	ARE TRUE AND C	ORRECT, T	RE DOCUME	NT HAS E	EEN DULY	ED
AUTHORIZED BY THE G			AND THE APPLICAN	b, Titio	INCAL ALMED A	- AD UTANL	C.	Telaphor	e unuper	
Barbara Mannino	,			Executive Dire	clar		(76	80) 631	-5000	
a. Signature of Autho	rized Represente		wio				a,	Date Sig	ned	
(Donb		West 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14			/27/200	2 5.424 (Boy				

_ APPLICATION			/ E DI	GMS Approval No. 0340-0048		
FEDERAL ASSI	ISTANCE	3	2. DATE SUBMITTED	Applicant Idenlifier		
1. TYPE OF SUBMISSION	4:		1 1111111111111111111111111111111111111			
Application Construction	Pre-soptication Construction	JUN 28 20	3. DATE RECEIVED BY STATE	State Application Identifier		
		TATE OLEADING	2. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier		
X Non-Construction	Non-Construction	STATE CLEARING	HOUSE	F-51-R		
5. APPLICANT INFORMATION						
Legal Name:	STATE OF CAL	IFORNIA	Organizational Unit:			
Address (give city, county,	siale and zip code):		Department of Fish and	d Game		
Dept. of Fish &	Game - Fisheries Pr	ograms Branch	Name and telephone number of the person to be			
1812 Ninth Stre	ret		application (give area code);	Condition of the Mary Street Street		
Sacramento, C/	A 95814		Carolyn Murata (916	3) 445-3559		
6. EMPLOYER IDENTIFIC	ATION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate let			
	94-1697567	•	A. Stale	H. Independent School Dist.		
B. TYPE OF APPLICATION	Ų.		B. County	State Controlled Instruction		
New	X Continuation	X Revision	C. Municipal			
If Revision, enter appropriat			D. Township	of Higher Learning J. Private University		
	E		E. Interstate	· .		
A. Increase Award	B. Decrease Award	i i i i i i i i i i i i i i i i i i i	F. Intermunicipal	L. Individual		
C. Increase Duration	D. Decrease Duration		G. Special District	M. Profit Organization		
E. Other (specify): Revision	ns in several projects; additio	in of new projects/lobs	- Opoda Biaret	N. Olher (Specify)		
10. CATALOG OF FEDERA			9. NAME OF FEDERAL AGENCY:			
15-605		•	U.S. Department of the	Intorior		
TITLE:	Sport Fish Rest	oration Act	U.S. Fish and Wildlife			
	Y PROJECT (diles, countles		11. DESCRIPTIVE TITLE OF APPLICANT'S PRO	**************************************		
		, outloop arecy,	Inland & Anadromous Sport			
	Statewide		<u>.</u>	_		
			Project. Amendment #34 revi	ses Projects 6, 13, 27, 32		
13. PROPOSED PROJECT:		٦	and adds new Projects 33 & 3			
		E .				
Start Date		14 CONCECCIONAL STREET	changes in 5-year proposed for	inding.		
Stort Date 07/01/98	Ending Date	14. CONGRESSIONAL DISTRICT		The state of the s		
07/01/98		a. Applicant		b. Project		
07/01/98 15. ESTIMATED FUNDING:	Ending Date 06/30/03	a. Applicant 3	S OF:	b. Project Statewide		
07/01/98	Ending Date	a. Applicant 3 16. IS APPLICATION	S OF: SUBJECT TO REVIEW BY STATE EXECUTIVE O	b. Project Statewide PRDER 12372 PROCESS?		
07/01/98 15 ESTIMATED FUNDING: a. Federal	Ending Date 06/30/03	a. Applicant 3 16. IS APPLICATION 3. YES. THIS PRE	S OF: SUBJECT TO REVIEW BY STATE EXECUTIVE C EAPPLICATION/APPLICATION WAS MADE AVAIL	b. Project Statewide RDER 12372 PROCESS? ABLE TO THE		
07/01/98 15. ESTIMATED FUNDING:	Ending Date 06/30/03	a. Applicant 3 16. IS APPLICATION 3. YES. THIS PRE	S OF: SUBJECT TO REVIEW BY STATE EXECUTIVE O	b. Project Statewide RDER 12372 PROCESS? ABLE TO THE		
07/01/98 15 ESTIMATED FUNDING: a. Federal	Ending Date 06/30/03	a. Applicant 3 16. IS APPLICATION a. YES. THIS PRE STATE E	S OF: SUBJECT TO REVIEW BY STATE EXECUTIVE OF EAPPLICATION/APPLICATION WAS MADE AVAIL EXECUTIVE ORDER 12372 PROCESS FOR REVI AMMERITATION TO THE PROCESS FOR REVI AMMERITATION TO T	b. Project Statewide RDER 12372 PROCESS? ABLE TO THE		
07/01/98 15. ESTIMATED FUNDING: a. Federal b. Applicant c. Siste	Ending Date 06/30/03 \$0	a. Applicant 3 16. IS APPLICATION 3. YES. THIS PRE STATE E Date: b. NO PRO	S OF: SUBJECT TO REVIEW BY STATE EXECUTIVE OF CAPPLICATION APPLICATION WAS MADE AVAILED FOR THE PROCESS FOR REVIEW 28, 2002 GRAM IS NOT COVERED BY E.O. 12372	b. Project Statewide PRDER 12372 PROCESS? ABLE TO THE EW ON:		
07/01/98 15. ESTIMATED FUNDING: a. Federal b. Applicant	Ending Date 06/30/03 \$0	a. Applicant 3 16. IS APPLICATION 3. YES. THIS PRE STATE E Date: b. NO PRO	S OF: SUBJECT TO REVIEW BY STATE EXECUTIVE OF EAPPLICATION/APPLICATION WAS MADE AVAIL EXECUTIVE ORDER 12372 PROCESS FOR REVI AMMERITATION TO THE PROCESS FOR REVI AMMERITATION TO T	b. Project Statewide PRDER 12372 PROCESS? ABLE TO THE EW ON:		
07/01/98 15. ESTIMATED FUNDING: a. Federal b. Applicant c. Siste d. Local	Ending Date 06/30/03 \$0	B. Applicant 3 16. IS APPLICATION 3. YES. THIS PRE STATE E Date: b. NO PRO OR	S OF: SUBJECT TO REVIEW BY STATE EXECUTIVE OF TAPPLICATION APPLICATION WAS MADE AVAILED BY SECUTIVE ORDER 12372 PROCESS FOR REVIEW 28, 2002 GRAM IS NOT COVERED BY E.O. 12372 PROGRAM HAS NOT BEEN SELECTED BY STATE	b. Project Statewide PRDER 12372 PROCESS? ABLE TO THE EW ON:		
07/01/98 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local	Ending Date 06/30/03 \$0	B. Applicant 3 16. IS APPLICATION 3. YES. THIS PRE STATE E Date: b. NO PRO OR	S OF: SUBJECT TO REVIEW BY STATE EXECUTIVE OF CAPPLICATION APPLICATION WAS MADE AVAILED FOR THE PROCESS FOR REVIEW 28, 2002 GRAM IS NOT COVERED BY E.O. 12372	b. Project Statewide PRDER 12372 PROCESS? ABLE TO THE EW ON: TE FOR REVIEW		
07/01/98 15. ESTIMATED FUNDING: a. Federal b. Applicant c. Siste d. Local e. Other f. Program Income	## Ending Date O6/30/03 \$0 \$0	B. Applicant 3 16. IS APPLICATION 3. YES. THIS PRE STATE E Date: 4. NO PRO OR 17. IS THE APPLICAT	S OF: SUBJECT TO REVIEW BY STATE EXECUTIVE OF TAPPLICATION APPLICATION WAS MADE AVAILED BY SECUTIVE ORDER 12372 PROCESS FOR REVIEW 28, 2002 GRAM IS NOT COVERED BY E.O. 12372 PROGRAM HAS NOT BEEN SELECTED BY STATE	b. Project Statewide PRDER 12372 PROCESS? ABLE TO THE EW ON:		
07/01/98 15. ESTIMATED FUNDING: a. Federal b. Applicant c. Siste d. Local e. Other f. Program income g. TOTAL	\$0 \$0 \$0 \$0	B. Applicant 3 16. IS APPLICATION 3. YES. THIS PRE STATE E Date: b. NO PRO OR 17. IS THE APPLICAT Yes. If To	SOF: SUBJECT TO REVIEW BY STATE EXECUTIVE OF CAPPLICATION/APPLICATION WAS MADE AVAILABLE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	b. Project Statewide PRDER 12372 PROCESS? ABLE TO THE EW ON: TE FOR REVIEW X No		
D7/D1/98 15. ESTIMATED FUNDING: a. Federal b. Applicant c. Siste d. Local a. Other f. Program Income g. TOTAL 18, TO THE BEST OF MY KI	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	a. Applicant 3 16. IS APPLICATION 3. YES. THIS PRE STATE E Date: b. NO PRO OR 17. IS THE APPLICATION PRO ALL DATA IN THIS APPLICATION PRO	SUBJECT TO REVIEW BY STATE EXECUTIVE OF EAPPLICATION APPLICATION WAS MADE AVAILED BY STATE EXECUTIVE OF EAPPLICATION APPLICATION APPLICATION APPLICATION APPLICATION ARE TRUE AND CORRECT. TO	Statewide Statewide PRDER 12372 PROCESS? ABLE TO THE EW ON: TE FOR REVIEW X No THE DOCUMENT HAS BEEN DULY		
07/01/98 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KI AUTHORIZED BY THE GOVE	\$0 SO NOWLEDGE AND BELIEF, A ERNING BODY OF THE APP	a. Applicant 3 16. IS APPLICATION 3. YES. THIS PRE STATE E Date: b. NO PRO OR 17. IS THE APPLICATION PRO ALL DATA IN THIS APPLICATION PRO	SOF: SUBJECT TO REVIEW BY STATE EXECUTIVE OF CAPPLICATION/APPLICATION WAS MADE AVAILABLE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Statewide Statewide PRDER 12372 PROCESS? ABLE TO THE EW ON: TE FOR REVIEW X No THE DOCUMENT HAS BEEN DULY		
D7/D1/98 15. ESTIMATED FUNDING: a. Federal b. Applicant c. Siste d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KI AUTHORIZED BY THE GOVE a. Typed Name of Authorized	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 NOWLEDGE AND BELIEF, A ERNING BODY OF THE APPLIED Representative	B. Applicant 3 16. IS APPLICATION 3. YES. THIS PRE STATE E Date: 6. NO PRO OR 17. IS THE APPLICATION PI ALL DATA IN THIS APPLICANT WILL PLICANT AND THE APPLICANT WILL	SUBJECT TO REVIEW BY STATE EXECUTIVE OF EAPPLICATION APPLICATION WAS MADE AVAILED BY BOUND BY STATE EXECUTIVE OF EAPPLICATION WAS MADE AVAILED BY EACH OF EAPPLICATION AND FEDERAL DEBTORS, SILECTED BY STATES, SILECTED BY SI	Statewide Statewide PRDER 12372 PROCESS? ABLE TO THE EW ON: TE FOR REVIEW X No THE DOCUMENT HAS BEEN DULY		
07/01/98 15. ESTIMATED FUNDING: a. Federal b. Applicant c. Siste d. Local e. Other f. Program income g. TOTAL 18, TO THE BEST OF MY KI AUTHORIZED BY THE GOVE 7. Typed Name of Authorized	\$0 \$0 \$0 \$0 \$0 \$0 \$0 NOWLEDGE AND BELIEF, A ERNING BODY OF THE APP IR Representative Michael F. Harris	B. Applicant 3 16. IS APPLICATION 3. YES. THIS PRE STATE E Date: 6. NO PRO OR 17. IS THE APPLICATION PI ALL DATA IN THIS APPLICANT WILL PLICANT AND THE APPLICANT WILL	SUBJECT TO REVIEW BY STATE EXECUTIVE OF EAPPLICATION/APPLICATION WAS MADE AVAILABLE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW 28 2002 GRAM IS NOT COVERED BY E.O. 12372 PROGRAM HAS NOT BEEN SELECTED BY STATION DELINQUENT ON ANY FEDERAL DEBTY YES, SILSCH OR EXPLORABILION FEAPPLICATION ARE TRUE AND CORRECT. THE COMPLY WITH THE ATTACHED ASSURANCE	D. Project Statewide DRDER 12372 PROCESS? ABLE TO THE EW ON: TE FOR REVIEW X No HE DOCUMENT HAS BEEN DULY IS IF THE ASSISTANCE IS AWARDED.		
07/01/98 15. ESTIMATED FUNDING: a. Federal b. Applicant c. Siste d. Local e. Other f. Program income g. TOTAL 18, TO THE BEST OF MY KI AUTHORIZED BY THE GOVE 7. Typed Name of Authorized	\$0 \$0 \$0 \$0 \$0 \$0 \$0 NOWLEDGE AND BELIEF, A ERNING BODY OF THE APP IR Representative Michael F. Harris	B. Applicant 3 16. IS APPLICATION 3. YES. THIS PRE STATE E Date: 6. NO PRO OR 17. IS THE APPLICATION PI ALL DATA IN THIS APPLICANT WILL PLICANT AND THE APPLICANT WILL	SUBJECT TO REVIEW BY STATE EXECUTIVE OF EAPPLICATION APPLICATION WAS MADE AVAILED BY STATE EXECUTIVE OF EAPPLICATION WAS MADE AVAILED BY A STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW BY E.O. 12372 PROGRAM HAS NOT BEEN SELECTED BY STATE OF THE	Statewide Statewide DRDER 12372 PROCESS? ABLE TO THE EW ON: TE FOR REVIEW X No HE DOCUMENT HAS BEEN DULY SIF THE ASSISTANCE IS AWARDED, G. Telephone Number		
07/01/98 15. ESTIMATED FUNDING: a. Federal b. Applicant c. Siste d. Local e. Other f. Program income g. TOTAL 18, TO THE BEST OF MY KI AUTHORIZED BY THE GOVE 7. Typed Name of Authorized	\$0 \$0 \$0 \$0 \$0 \$0 \$0 NOWLEDGE AND BELIEF, A ERNING BODY OF THE APP IR Representative Michael F. Harris	B. Applicant 3 16. IS APPLICATION 3. YES. THIS PRE STATE E Date: 6. NO PRO OR 17. IS THE APPLICATION PI ALL DATA IN THIS APPLICANT WILL PLICANT AND THE APPLICANT WILL	SUBJECT TO REVIEW BY STATE EXECUTIVE OF EAPPLICATION APPLICATION WAS MADE AVAILED BY STATE EXECUTIVE OF EAPPLICATION WAS MADE AVAILED BY A STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW BY E.O. 12372 PROGRAM HAS NOT BEEN SELECTED BY STATE OF THE	Statewide Statewide DRDER 12372 PROCESS? ABLE TO THE EW ON: TE FOR REVIEW X No ME DOCUMENT HAS BEEN DULY SIF THE ASSISTANCE IS AWARDED. G. Telephone Number (916) 653-4633		
07/01/98 15. ESTIMATED FUNDING: a. Federal b. Applicant c. Siste d. Local e. Other f. Program Income g. TOTAL 18, TO THE BEST OF MY KI AUTHORIZED BY THE GOVE a. Typed Name of Authorized d. Signature of Authorized Re	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 NOWLEDGE AND BELIEF, A ERNING BODY OF THE APPL IR Representative Michael F. Harris apresentative Lineary	a. Applicant 3 16. IS APPLICATION 3. YES. THIS PRE STATE E Date: b. NO PRO OR 17. IS THE APPLICATION PRO PLICANT AND THE APPLICANT WILL 15. IS APPLICATION PRO CONTRACTOR PRO ALL DATA IN THIS APPLICATION PRO CONTRACTOR PRO 15. IS THE APPLICATION PRO CONTRACTOR PRO 16. IS APPLICATION PRO CONTRACTOR PRO CONTRA	SUBJECT TO REVIEW BY STATE EXECUTIVE OF EAPPLICATION APPLICATION WAS MADE AVAILED BY BUTCH OF THE PROGRAM HAS NOT BEEN SELECTED BY STATION DELINQUENT ON ANY FEDERAL DEBTY YES, SILSCH ON EXPLANABLE AND CORRECT. TO A COMPLY WITH THE ATTACHED ASSURANCE DE TITLE: Deputy Director, Admin.	Statewide DRDER 12372 PROCESS? ABLE TO THE EW ON: TE FOR REVIEW X No ME DOCUMENT HAS BEEN DULY SIF THE ASSISTANCE IS AWARDED, G. Telephone Number (916) 653-4633 e. Date Signed U 27 02		
07/01/98 15. ESTIMATED FUNDING: a. Federal b. Applicant c. Siste d. Local e. Other f. Program Income g. TOTAL 18, TO THE BEST OF MY KI AUTHORIZED BY THE GOVE a. Typed Name of Authorized d. Signature of Authorized Re	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 NOWLEDGE AND BELIEF, A ERNING BODY OF THE APPL IR Representative Michael F. Harris apresentative Lineary	a. Applicant 3 16. IS APPLICATION 3. YES. THIS PRE STATE E Date: b. NO PRO OR 17. IS THE APPLICATION PRO PLICANT AND THE APPLICANT WILL 15. IS APPLICATION PRO CONTRACTOR PRO ALL DATA IN THIS APPLICATION PRO CONTRACTOR PRO 15. IS THE APPLICATION PRO CONTRACTOR PRO 16. IS APPLICATION PRO CONTRACTOR PRO CONTRA	SUBJECT TO REVIEW BY STATE EXECUTIVE OF EAPPLICATION APPLICATION WAS MADE AVAILED BY BUTCH OF THE PROGRAM HAS NOT BEEN SELECTED BY STATION DELINQUENT ON ANY FEDERAL DEBTY YES, SILSCH ON EXPLANABLE AND CORRECT. TO A COMPLY WITH THE ATTACHED ASSURANCE DE TITLE: Deputy Director, Admin.	Statewide Statewide DRDER 12372 PROCESS? ABLE TO THE EW ON: TE FOR REVIEW X No ME DOCUMENT HAS BEEN DULY SIF THE ASSISTANCE IS AWARDED. G. Telephone Number (916) 653-4633		
07/01/98 15. ESTIMATED FUNDING: a. Federal b. Applicant c. Siste d. Local e. Other f. Program income g. TOTAL 18, TO THE BEST OF MY KI AUTHORIZED BY THE GOVE a. Typed Name of Authorized d. Signature of Authorized Re	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 NOWLEDGE AND BELIEF, A ERNING BODY OF THE APPL IR Representative Michael F. Harris apresentative Lineary	a. Applicant 3 16. IS APPLICATION 3. YES. THIS PRE STATE E Date: b. NO PRO OR 17. IS THE APPLICATION PRO PLICANT AND THE APPLICANT WILL 15. IS APPLICATION PRO CONTRACTOR PRO ALL DATA IN THIS APPLICATION PRO CONTRACTOR PRO 15. IS THE APPLICATION PRO CONTRACTOR PRO 16. IS APPLICATION PRO CONTRACTOR PRO CONTRA	SUBJECT TO REVIEW BY STATE EXECUTIVE OF EAPPLICATION APPLICATION WAS MADE AVAILED BY BUTCH OF THE PROGRAM HAS NOT BEEN SELECTED BY STATION DELINQUENT ON ANY FEDERAL DEBTY YES, SILSCH ON EXPLANABLE AND CORRECT. TO A COMPLY WITH THE ATTACHED ASSURANCE DE TITLE: Deputy Director, Admin.	Statewide DRDER 12372 PROCESS? ABLE TO THE EW ON: TE FOR REVIEW X No ME DOCUMENT HAS BEEN DULY SIF THE ASSISTANCE IS AWARDED, G. Telephone Number (916) 653-4633 e. Date Signed U 27 02		



Application for Federal Education Assistance (ED 424)



Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

pplicant Information Name and Address			Organizatio	nal Unit		
Legal Name: Fresno Unified Sch	ool District					
Address: 2309 Tulare Street					- Commences and Commences	
•		<u></u>		- CONSTRUCTION OF THE STREET O	and the same of th	
Fresno City		CA	Fresno	93721	_ 2287	
•		State	County	ZIP Code +	4	
Applicant's D-U-N-S Number Q 7 7 3	, , , , , , , , , , , , , , , , , , , ,	6. No	vice ApplicantYes _	x_No		
Applicant's T-I-N 9 4 - 6 0 0 2	210 6	7. Is t	he applicant delinquent o	n any Federal debt? _	_Yes x_N	
Catalog of Federal Domestic Assistance #: 84.	1 8 4 B	(If	"Yes," attach an explana	tion.)		
Tide: Mentoring Programs		8. Tv	pe of Applicant (Enter ap	mmmaiora lottan in cha	haw) (
Project Director: Linda Furnas		1	Bi-Local G-1	ndependent School I Public College or Uni	tversity	
			C - Special District College or University	H - Private. N	lon-profit	
Address: 1833 E. Street		D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organiza-				
	93706		don	Exvaec. & Your-telament	g Osganiza.	
City State Tel. #: (559) 457 - 3186 Fax #: (559)	Zip code + 4 9) 457 - 3179		K - Other (Specifik			
E-Mail Address: 1jfurna@fresno.k						
THE COURSE OF THE PROPERTY OF	*** Ca. 40					
Application Information Type of Submission:						
-PreApplication -Application		12. A	re any research activities	involving human subj	ects planned	
Construction Construction		any time during the proposed project period? Yes (Go to 12a.) No (Go to item i3.)				
Non-Construction X Non-Constru	ction					
0. Is application subject to review by Executive (Order 12372 process?	12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #):				
Yes (Date made available to the Execut.	ive Order 12372					
process for review):/			No (Provide Assuran	ice #).		
X No (If "No," check appropriate box be	low.)				ACCOMO DO TORO MODO TATALON	
Program is not covered by E Program has not been select	ed by State for review.	13. [Sescriptive Title of Applie	cant's Project:		
		Hi	gh School Mento	ring Program		
1. Proposed Project Dates: 10 /1 /2002 Start Date:	9 / 30 / 2005 End Date:	_				
Estimated Funding	Andhorder J.W				The state of the s	
•	Authorized Repre	Sentative mowledge	e Information and belief, all data in this			
4a Federal \$ 200,000 .00			and bener, an data in this s been duly authorized by			
>- Applicant \$ 00			with the attached assum			
- State \$00	a. Authorized Represen	uarive (Plea	use type or print name cle	ariv.)	e servere chiere.	
d. Local \$ <u>68,701</u> .00	Santiago V. W	ood, Ed	l.D.			
e- Other \$ 00	b. Tide: Superint	endent	2011			
f. Program Income \$00	c. Tel. #: (559) 45	7 - 38	182 Fax #: (559) 457 378	6	
268,701	d. E-Mail Addressy _S	vwood@f	regno k12.ca.us			
& TOTAL \$ ZESTOOT 60	c. Simologian Author	Sh	. (4./		1/	

			STATE CLEARING HOUS			
APPLICATION FOR FEDERAL ASSISTANCE		1. DATE SUBMITTED 6-27-02	Applicant Mentifer			
1. TYPE OF SUBMISSION		3. DATE RECENED BY STATE	- Sale Application Identifier NOT			
Application Construction	Preapplication Construction	4. DATE RECENED BY FEDERAL	Federal Identifier			
Non-Construction	□ Non-Construction	AGENCY				
5. APPLICANT NFORMATION						
Legal Name: Fresho Community Hospital	1 & MEDICAL CENTER	Organizational Unit:	. 17			
DBA UNIVERSITY MEDICAL CENTY Addrass (give city, county, state, and zip code):	ter	Name and iclophone number of the person to be co	MANAGEMENT KOGRAM			
P.O. BOX 1232		area coda)				
Fresno, CA 93715		Kimberley Kitlonisk	is (559) 459-6049			
6. EMPLOYER IDENTIFICATION (BIN):		7. TYPE OF APPLICANT: (chief app	propriate letter here)			
94 1156	276	B, County I. State Co C. Municipal I. Private I D. Township K, Indian	Tübe			
8. TYPE OF APPLICATION		•	Organization along the			
New Continuation C Revision	1	O. Special District N. Other (S	pecify);			
If Revision, enter up propriate letter(s) in box(as):						
A increase Award B. Degreas	A Award	V. NAME OF FEDERAL AGENCY:	6 4004/1			
\$	rease Duration	Environmental Protection Agency, Indoor Environments Division				
10. CATALOG OF FEDERAL BOMESTIC ASSI	STANCE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
66	6	"ASHAMA AWAY" IS A DIDIECT TO DIEVIDE IN-HOME				
		management to children 0-18 years of				
· Title:		assessment, education and medical management to children 0-12 years of age, and their families; and to promote				
12. AREAS AFFECTED BY PROJECT (cities, con FRESTO COUNTY	unties, states, etc.):	community awareness	of in-home asthma			
13. PROPOSED PROJECT:	14. CONGRESSIONAL DISTRICT OF:	triggers.				
Start Date End Date	a. Applicant:	Dictrick 10	b. Project US Congressional Districts			
10-15-02 9-30-04	US. Congressional	DISTRICT: 17	19 \$ 20			
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO 1 12372PROCESS7	REVEW BY STATE EXECUTVE ORDER			
		a. YES. THØ PREAPPLÖATIONAPPLICA	TON WAS MADE AVALABLE TO THE			
		STATE EXECUTIVE ORDER 2372 PROC	ebee for revew on;			
		DATE 6-27	-02			
a. Federal	149,583	b. NO. D PROGRAM IS NOT COVERED BY E.O. 12372				
b. Applicant	3	OR PROGRAM HAS NOT BEEN SEECTED BY STATE FOR REVIEW				
o. Stata	\$					
d. Locat	\$					
e. Other	\$					
f, Program income	5	17. 18 THE APPLICANT DELINQUENT ON A	any federal dest?			
g. TOTAL	: 149,583	🖸 YES - If "Yes" ellach an explanation,	ж ио			
18. TO THE BEST OF MY KNOWLEDGEAND BE DULY AUTHORIZED BY	•	CATON/PREAPPLEATION ARETRUE AND	CORRECT, THE DOCUMENT HAS BEEN			
a. Typed Name of Authorzed Repseentaive.	NT AND THE APPLEANT WILL	b. Title:	CES IFTHE ASSETANCE IS AWARDED. C. Telephone Number			
John Zelezny		Phior VILL President, Communications	559-459-2496			
d Signatus of Authorized Representative	There		e, Date Signed			
Jems Edillon Holling	AUTHORPED FOR IOCAL	REPRODUCTION	6-26-02- Standard Form 426 (REV 797)			
Previous Editions Not Usable						

APPLICATION FOR				MG HOUSE	STATE OLEARS		
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier 7007 8 7 NAC			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	1531		
Application Construction	Preapplication Construction	4. DATE RECEIVED BY FEDERAL AGEN		Federal Identifier			
Non-Construction 5. APPLICANT INFORMATION	Non-Construction						
Legal Name:		**	Organizational Unit:				
INSTITUTE FOR	r tisheeles T	RESOURCES	3"				
Address (give city, county, State, PD Box 29191	and zip code):		Name and telephone rethis application (give an WILLIAM F. 9	CIRALCE	cted on matters involving . 561 3474 . 561 . 5464		
6. TEPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA A. State	NT: (enter appropriate letter. H. Independent School Dist.			
8. TYPE OF APPLICATION:	· 		B. County	State Controlled Institution	1		
. ⊠ New	Continuation	Revision	C. Municipal	J. Private University			
, Mew		Kevision	D. Township	K. Indian Tribe	-		
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual			
A. Increase Award B. Deci	rease Award C. Increase	Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify) Now	PROFIT		
D. Decrease Duration Other(s		Duranon	G. Opeciai District	14. Onles (openin) _ 14che .	14-2-3-11		
, ,			9. NAME OF FEDERA				
			NOAA - FIS	HERES			

TITLE: HABITAT	[MBER: 111 - 4 4 3		THE SAN FRO			
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta.	les, etc.):			BAY		
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:					
Start Date Ending Date	Applicant	E SAME SECOND SE	b. Project				
1)1/03/1/1/06	DISTRICT &		DISTRICT	8			
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY S OCESS?	STATE EXECUTIVE		
a. Federal	\$ 331,	515 🖁	1 1 -	APPLICATION/APPLICATION	1		
b. Applicant	\$,00		ETO THE STATE EXECUTIVE FOR REVIEW ON:	E ORDER 12372		
c. State	\$,00	DATE 6	27/02			
d. Local	\$,00	b. No. PROGRA) AM IS NOT COVERED BY E.	O. 12372		
e. Other	^s 381,	515	OR PROC FOR REV	GRAM HAS NOT BEEN SELE (IEW	ECTED BY STATE		
f. Program Income	\$.00					
g. TOTAL	\$	00	17. IS THE APPLICAN	NT DELINQUENT ON ANY F			
9. 10172	663	030	Yes If "Yes,"	attach an explanation.	No		
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Type Name of Authorized Repi	VLEDGE AND BELIEF, ALL AUTHORIZED BY THE GO THE ASSISTANCE IS AWA	DATA IN THIS APPLIC VERNING BODY OF TH			1		
	RADER	EXECUTIVE	Desmo	415 561 347			
d. Signature of Authorized Repre-		0/-00011116	101-51-1/15-	e. Date Signed	7		
Wt. hake Drad	<u>u</u>			16/2/6/02			
Previous Edition Usable				Standard Form 42	24 (Rev. 7-97)		

Authorized for Local Reproduction

Prescribed by OMB Circular A-102

Date: 6 /27/ 02

Application for Federal Education Assistance (ED 424)	U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004
Applicant Information 1. Name and Address Legal Name: P. F. Bresee Foundation	Organizational Unit
Address: 184 South Bimini Place Los Angeles City 2. Applicant's D-LI-N-S Number 1.7 1.0 1.8 STATE CLEARING	HOUSE Los Angeles County 90004 - 5903 State County ZIP Code + 4
2. Applicant's D-U-N-S Number 7 9 8 1 6 3 8 3 8 3. Applicant's T-I-N 9 5 - 3 7 9 7 3 6 3 4. Catalog of Federal Domestic Assistance #: 84.	 6. Novice Applicant _X_YesNo 7. Is the applicant delinquent on any Federal debt?Yes _X_Novice (If "Yes," attach an explanation.)
Title:	8. Type of Applicant (Enter appropriate letter in the box.) $ I_{-} $
5. Project Director: Amy Parsons. Grants Associate Address 184 South Bimini Place	A - State F - Independent School District B - Local G - Public College or University C - Special District H - Private, Non-profit College or University D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organization
Los Angeles CA 90004 5903 City State Zip code + 4 Tel. #; (213) 387-2822 x 167 Fax #; (213) 385 -8482 E-Mail Address: aparsons@bresee.org	K - Other (Specify):
Application Information 9. Type of Submission: -PreApplication -Application Construction Construction Non-Construction Non-Construction 10. Is application subject to review by Executive Order 12372 process? X Yes (Date made available to the Executive Order 12372 process for review): 06 / 27 / 2002	 12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.)X_ No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #):
No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review.	No (Provide Assurance #): 13. Descriptive Title of Applicant's Project;
11. Proposed Project Dates: _01 /_01 /_200312 /_31 /_2005	Bresee Youth Mentoring Programs
Estimated Funding Authorized Represe	ntative Information wledge and belief, all data in this preapplication/application are true
2. Applicant \$1,940,000	ment has been duly authorized by the governing body of the applicant comply with the attached assurances if the assistance is awarded. ve (Please type or print name clearly.)
Program Income \$90,00000 c. Tel. #: (213)387-28	22 Fax #: (213) 385-8482
d. E-Mail Address: <u>jcarro</u> TOTAL \$_4,990,00000 e. Signature of Authorized	Dbresee,org I Representative

								OMB/	Approval No	. 0348-	0043
PPLICATION			2. DATE SUBMIT	ueb	-	Appl	ficant identifier				
EDERAL AS	SISTANCE		May 28			 	e Application Identifier			<u></u>	
TYPE OF SUBMISSIO	on: Presoplica	ioa	3. DATE RECEIV	/ED 8Y ST	ATE	Stan	a Application townsia				
Application Construction	☐ Canstr		A DATE SECEN	TE RECEIVED BY FEDERAL AGEN		Fed	aral Identifier				
Non-Construct	non □ Nan-C	puzkacijou	C, DAI E II COLI								
APPLICANT INFORMAT)								
gai Name:					Organizational Un						
CITY OF SA	N DIEGO				COMMUNIT	Y A	ND ECONOMIC	DEVEL	OPMENT		
deress (give any, coun	ny, state, and zip cod	oj:					imber of the person to be	CORIBCIEC	an matters inv	DIVING	
202 C Street			inis application (give ares code) Trish Hughes-Raber								
San Diego,	CA 92101				619-533	3-74	.54				
_											
EMPLOYER IDENTIF	CATION NUMBER IS				7. TYPE OF APP	LICAN'	Y: fenter appropriata letter i	n Dexi	c		
EMPLOYEN BENTIF	-CASION NOWBEN (G		T T		A. State		H. Independen	: School D			}
9	5 6	0 0 0	7 7 6	6	B. County		I. State Control		ion of Higher l	.өагпілд	
TYPE OF APPLICATI	lon:				C. Municipal D. Township		J. Private Univi K. Indian Tribe	e) Sity			
	XX Now	☐ Continua	sion 🗌 Rev	บโรเอก	E. Interstate		L Individual				
	ALIFE TOWN				F. Intermunic		M. Profit Organ				
f Revision, enter appre	opriare lener(s) in bo	:(as):			G. Special D	isthet	N. Dinar (Spec	:u(y):			
A. Increase Awar D. Decrease Dura			C. Increase Dura	ation	3. NAME OF FE	DERAL	. AGENCY:	-			
				,	1		DEVELOPMENT A		STRATIC	М	
D. CATALOG OF FED	ERAL DOMESTIC		3 0	7	11. DESCRIPTIV	E TITE	LE OF APPLICANT'S PRO	JECT:			
ASSISTANCE NUN	Æ€R:	1-1-	_ # <u>[</u>		1				വ ച	P 11	00
TITLE: ECON	OMIC ADJUS	TMENT		·····	REVOI	_VIN	IG LOAN FUND		E G		V
12. AREAS AFFECTE	D BY PROJECT (ciles	, counties, sistes	, arc.):								1
Cities of	San Diego.	Chula V	/ista,						JUN	27	2002
National C								1 1			
13. PROPOSED PRO			SIONAL DISTRI	CTS OF:	_1	_					
Sian Daile	Ending Date	a. Applicant					b. Project	OIA	TE CLE	ARIN	G H
9/02	NA	49th	CD				49th CD				
15. ESTIMATED FUN	DING:						W BY STATE EXECUTIVE			7	
a. Føderal	s 1.200,	000.	.00 a.	YES. TH	IS PREAPPLICATI ATE EXECUTIVE (ON/AP DHUEF	PPLICATION WAS MADE 9 12372 PROCESS FOR	REVIEW C	E TO THE IN:		
b. Applicant	s 1,200,		.00	ĐΑ	πε	,					
c. Slate	Š		.00. d	NO] PROGRAMIS	VOT C	OVERED BY 6.0. 12372				
d. Local	8		.00		ORPROGRAM	HAS I	NOT BEEN SELECTED 8	Y STATE F	OH REVIEW		
e. Other	\$.00								
I. Program income	S		.CD 17. IS	THE APP	PLICANT DELINQUE	NT ON	NANY FEDERAL DEST?		-wv		
g TOTAL	° 2,400,	000.	.00	Yes	ll "Yes," attach è	n etpli	analion,		X No		
IS TO THE SEST O	F MY KNOWLEDGE A	ND BELIEF, ALL D	AT: IN THIS APPL ANT AND THE APP	LICATION!	PREAPPLICATION P WILL COMPLY WITH	RE TR	UE AND CORRECT, THE DI TTACHEE ASSURANCES II	COUMENT FTHE ASSI	has seen out Stance is an	Y ARDEC	
	Aumonzez Represen				o Tirre Cor	nmu	nity and Econ	omic	з. Тегволоп	E UNITED	
	Cunningham				Devel	opma	ent -Director		619-236	<u>,-655</u>	Ω
C Scentive of Assi	ಗರಗತ್ತಾರ ಹಿಂದು ಕರ್ನಡ್ಡ	. 9							e. Date 5-gr		
1110	A .	1							5-28-0	12	
746-6	-1	1				A.(# \$***********	erianistanianianiania eriania eriania		l Særders Fsim	424 18	1E. + = 1
	ವುದಿನಿಕರ್ಷ ಕ್ರಮ							D.		1 . S . C	mat 4.11

Applicant Information 1. Name and Address Legal Name: Juma Ventures Address: 190 Ninth Street Size 100 San Francisco City San	Application for Federal,	U.S. Department of Education
Applicant Information 1. Name and Address	Education Assistance (Fi	Form Approved OMB No. 1875-0196
Legal Name. Jurna Verintres Address: Jurna Verintres Address: Jurna Verintres Address: Jurna Verintres Application Information 3. Application Information 3. Type of Submission: —PreApplication —Application —Non-Construction —Non-Constructi	Applicant Information	10 ATT
Legal Name. Jurna Verintres Address: Jurna Verintres Address: Jurna Verintres Address: Jurna Verintres Application Information 3. Application Information 3. Type of Submission: —PreApplication —Application —Non-Construction —Non-Constructi	Name and Address	JUN 2 7 20 rganizational Unit
Sure 100 San Francisco City San Francisco City San Francisco City Sure Coursey ZIP Code + 4 2. Applicant's D-U-N-S Number 0 1 4 2 6 9 3 9 8 3. Applicant's T-I-N 9 4 - 3 2 0 3 2 0 3 4. Castog of Federal Comestic Assistance # 8 4 1 8 4 B Tale Mentoring Programs 8. Project Director. Muriel O'Connet! Address: Jima Ventures 190 Ninth Street, Stitt 100 San Francisco City Saue 270 Code + 4 Sane Francisco City Saue 270 Code + 4 1 See God Applicant (Enter appropriate letter in the box.) I Address: Jima Ventures 190 Ninth Street, Stitt 100 San Francisco City Saue 270 Code + 4 1 See God Applicant (Enter appropriate letter in the box.) I A Sale: Company Information 9. Type of Applicant (Enter appropriate letter in the box.) I A Sale: Company Information 9. Type of Submission: Application Application Construction Construction Non-Construction N		
San Francisco Cay 2. Applicant's D-U-N-S Number 0	700-700-700-700-700-700-700-700-700-700	CTATE OF EADING HOUSE
Cay 2. Applicant's D-U-N-S Number 0 1 1 4 2 6 9 9 3 9 8 3. Applicant's T-I-N 9 4 1 3 2 0 3 2 0 3 4. Castelog of Federal Connestic Assistance # 8 4 1 8 4 B Tale Mestoring Programs 5. Project Director: Muricial O'Conneil Address: Juma Ventures 190 Ninth Street, Suite 100 San Francisco City Sove CA 94103 2603 City Tot. #. (415) 252-0502 Fax #, (415) 252-0940 E-Mail Address: murricin@jumaventures.org Application Information 9. Type of Submission: PreApplication Application Construction Non-Construction Non-Const		
2. Applicant's D-U-N-S Number 0		
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B Title Mentoring Programs 8. Type of Applicant (Enter appropriate letter in the box.) 1. Project Director: Murici O'Conneil Address: Juma Ventures 190 Ninth Street, Suite 100 San Francisco CA 94103 2603 City San Francisco CA 94103 2603 City San Francisco CA 94103 2603 State Zip Coce + 4 Tel. #. (415) 252-0502 Fax #: (415) 252-0940 E-Mail Address: muricio@jumaventures.org Application Information 9. Type of Submission: —PreApplication —Application —Operation —Construction Non-Construction — Non-Construction Non-Construction — Non-Construction Non-Construction —PreApplication —PreApplicatio	2. Applicant's D-U-N-S Number 0 1 4 2 6 9 3	
S. Type of Applicant (Enter appropriate letter in the box.) I		
5. Project Director: Murical O'Connell Address: Juma Ventures 190 Ninth Street, Suite 100 San Francisco CA 94103 - 2603 City State ZIP Goce + 4 Tel. #: (415) 252-0502 Fax #: (415) 252-0940 Fax #: (415) 252-0940 E-Mail Address: _muriclo@jumaventures.org Application Information 9. Type of Submission:		
Address: Juma Ventures 190 Ninth Street, Suite 100 San Francisco CA 94103 - 2603 Tile Corde + 4 Tot. #: (415) 252-0502 Fax #: (415) 252-0940 E-Mail Address: muriclo@jumaventures.org Application Information 9. Type of Submission: —PreApplication —Application —Application —Application —PreApplication —Application —Onstruction —Construction —Onstruction —Construction —One-Construction —Construction —Construction —One-Construction —Construction —Construction —One-Construction —Construction —Construction —One-Construction —Construction —Construct		8. Type of Applicant (Enter appropriate letter in the box.)
San Francisco City City Tel. #: (415) 252-0502 Fax #: (415) 252-0940 E-Mail Address: murielo@jumaventures.org 12. Are any research activities involving human subjects planned at any time during the proposed project period? Program is not covered by E.O. 12372 Program has not been selected by State for review. Start Date: End Date: 10/1/2002 State \$.00 A. Applicant \$.00 C. State \$.00 d. Local \$.00 e. Other \$.317,508.00 f. Program Income \$.00 f. Progra		A State G Public College or University
City Sate ZiP Code 4 Tel. #: (415) 252-0502 Fax #: (415) 252-0940 E-Mail Address: muricilo@jumaventures.org Page Fax #: (415) 252-0502 Fax #: (415) 252-0940 E Individual K Other (Specify):		C Could Division
E-Mail Address: murielo@jumaventures.org Proposed Project Dates: Start Date: 10/1/2002 9/30/2005 10/2002		- 2003
Application Information 9. Type of Submission:	Tel. #: (415) 252-0502 Fax #: (415) 252-094	F Independent School
9. Type of Submission:	E-Mail Address: murielo@jumaventures.org	District
PreApplication	Application Information	
PreApplication	9. Type of Submission:	12. Are any research activities involving human subjects planned at any time
Non-Construction Non-Construction Non-Construction Italian Ita	—PreApplication —Application	during the proposed project period?
Non-Construction Non-Construction 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Date made available to the Executive Order 12372 process? Process for review): 6/21/2002 No (If "No." check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: End Date: 10/1/2002 9/30/2005 Estimated Funding 14a. Federal \$ 450,000.00 b. Applicant \$00 c. State \$00 d. Local \$00 d. Local \$00 f. Program Income \$00 f. Program Income \$00 In Non-Construction 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Work Based Youth Mentoring Program 15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly.) Dianc Flannery, Ph.D. b. Title Chief Executive Officer c. Tel. #: (415) 252-0502 Fax #: (415) 252-0940 d. E-Mail Address: diancf@ju/maventures.org	Construction Construction	Yes (Go to 12a.) V No (Go to item 13.)
To the best of my knowledge and belief, all data in this praepplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurance is awarded. Authorized Representative (Please type or print name clearly.)	Non-Construction Non-Construction	
Yes (Date made available to the Executive Order 12372 process? Yes (Provide Exemption(s) #): No (Provide Assurance #): No (Provide Ass		from the regulations?
Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: End Date: 10/1/2002 9/30/2005 Estimated Funding 14a. Federal \$ 450,000.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 d. Local \$.00 e. Other \$ 317,508.00 f. Program Income \$.00 Mo (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Work Based Youth Mentoring Program Work Based Youth Mentoring Program 15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly.) Dianc Flannery, Ph.D. b. Title Chief Executive Officer c. Tel. #: (415) 252-0502 Fax #: (415) 252-0940 d. E-Mail Address: diance (Jumaventures.org)		ess?
No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: 10/1/2002 9/30/2005 Estimated Funding 14a. Federal \$ 450,000.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 d. Local \$.00 f. Program Income \$.00 13. Descriptive Title of Applicant's Project: Work Based Youth Mentoring Program For all All Sased Youth Mentoring Program Work Based Youth Mentoring Program For all End Date: 11. Proposed Project Date: 12. Date: 14. Date: 15. To the best of my knowledge and belief, all data in this prepaplication and the applicant and the app		
Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: End Date: 9/30/2005 Estimated Funding 14a. Federal \$ 450,000.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 d. Local \$.00 f. Program Income \$.00 Program is not covered by E.O. 12372. Work Based Youth Mentoring Program Local \$.00 Start Date: End Date: 9/30/2005 Start Date: End Date: 9/30/2005 Display In this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly.) Dianc Flannery, Ph.D. b. Title Chief Executive Officer c. Tel. #: (415) 252-0502 Fax #: (415) 252-0940 d. E-Mail Address: dianc (2) unaventures.org		
Program has not been selected by State for review. Start Date:		
Start Date: 10/1/2002 9/30/2005 Estimated Funding 14a. Federal \$ 450,000.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$ 317,508.00 f. Program Income \$.00 Start Date: 10/1/2002 9/30/2005 End Date: 9/30/2005 Authorized Representative Information. 15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly.) Diane Flannery, Ph.D. b. Title Chief Executive Officer c. Tel. #: (415) 252-0502 Fax #: (415) 252-0940 d. E-Mail Address: dianef Gjurnaventures.org	r	
Estimated Funding 14a. Federal \$ 450,000.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$ 317,508.00 f. Program Income \$.00 Authorized Representative Information Authorized Representative Information 15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly.) Diane Flannery, Ph.D. b. Title Chief Executive Officer c. Tel. #: (415) 252-0502 Fax #: (415) 252-0940 d. E-Mail Address: diane for unaventures.org		
Authorized Representative Information 14a. Federal \$ 450,000.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$ 317,508.00 f. Program Income \$.00 C. Program Income \$.00 Authorized Representative Information Authorized Representative Information 15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly.) Diane Flannery, Ph.D. b. Title Chief Executive Officer c. Tel. #: (415) 252-0502 f. Program Income \$.00 d. E-Mail Address: diane for juma ventures.org C. Mail Address: diane for juma ventures.org	101117000	
15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly.) Diane Flannery, Ph.D. b. Title Chief Executive Officer c. Other \$ 317,508.00 c. Tel. #:(415) 252-0502 Fax #:(415) 252-0940 d. E-Mail Address: diane f@juma ventures.org		
b. Applicant \$.00 Correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly.) Diane Flannery, Ph.D. b. Title Chief Executive Officer c. Other \$ 317,508.00 C. Tel. #:(415) 252-0502 Fax #:(415) 252-0940 f. Program Income \$.00	<u> </u>	
a. Authorized Representative (Please type or print name clearly.) Diane Flannery, Ph.D. b. Title Chief Executive Officer e. Other \$ 317,508.00 c. Tel. #: (415) 252-0502 Fax #: (415) 252-0940 f. Program Income \$.00	14a. Federal \$ 450,000.00 15.	correct. The document has been duly authorized by the governing body of the applicant and
c. State \$.00 Dianc Flannery, Ph.D. d. Local \$.00 b. Title Chief Executive Officer e. Other \$ 317,508.00 c. Tel. #:(415) 252-0502 Fax #:(415) 252-0940 f. Program Income \$.00	b. Applicant \$.00 a.	
d. Local \$.00 Chief Executive Officer e. Other \$ 317,508.00 c. Tel. #: _(415) 252-0502 Fax #: _(415) 252-0940 f. Program Income \$.00 Chief Executive Officer c. Tel. #: _(415) 252-0502 Fax #: _(415) 252-0940 d. E-Mail Address: dianef@jumaventures.org	c. State \$.00	Diane Flannery, Ph.D.
f. Program Income \$.00 d. E-Mail Address: dianef@jumaventures.org		Title Chief Executive Officer
T. Program income \$.00 Day to the law to th	e. Other \$ 317,508.00 c.	Tel. #:(415) 252-0502 Fax #:(415) 252-0940
	f. Program Income \$.00	E-Mail Address: diancf@jumaventures.org
	g. TOTAL \$ 767,508.00 e.	

			EGEOVE		
APPLICATION FOR FEDERAL ASSISTANCE		1. D 67 28 702 ED	Applicant Identifier		
I. TYPE OF SUBMISSION		3. DATE RECEIVED BY STATE	Till Npp 12 ni Ta I de Wirder		
Application Construction	Preapplienton	6/27/02			
1 TTT 7	Construction	4. DATE RECEIVED BY FEDERAL AGENCY	TE OF EADING HOUSE		
XX Non-Construction	□ Non-Construction	<u> </u>	ATE CLEARING HOUSE		
5. APPLICANT INFORMATION	A				
Legal Nome: American Lung San Diego and Imperi		OI Organizational Unit:			
Address (give city, county, state, and zip code):	ar confictes	Name and telephone number of the nerson in	be confacted an matters involving this application (glv)		
2750 Fourth Avenue		lorna Hardir	n, MPH		
San Diego, CA 92103		(619) 297-39	901 x118		
6. EMPLOYER IDENTIFICATION (EIN):		7. TYPE OF APPLICANT: (conto	or appropriate letter here)		
8. TYPE OF APPLICATION: XIXNew Continuation Revision	6 2 7	B. County 1. Slot C. Municipal 1, Prin D. Township K. Intersiste L. Inte E. Intersiste M. Pre G. Special Disrict N. Oth	dependent School District the Controlled Institution of Higher Learning vate University dian Tabe dividual offi Organization ter (Specify): Voluntary healt Cy/non-profit		
If Rev isian, enter appropriate letter(s) in bax(es):		9. NAME OF FEDERAL AGENCY:			
A. Increase Award B. Decrea		Brenda Doroski			
C. Increase Duration D. Des Other Specify:	crease Durotion	U.S. Environmen	tal Protection Agenc		
10. CATALOG OF FEDERAL DOMESTIC ASS	ISTANCE NUMBER:	(202) 564-9764 11. DESCRIPTIVE TITLE OF APPLICAN	T'S PROJECT.		
6 6 0	6		hood Asthma		
TITLE: 12. ARE AS AFFECTED BY PROJECT (citles, co Cities 13. PROPOSED PROJECT:	<u>. </u>				
	14. CONGRESSIONAL DISTRICT OF:				
11/30/2002 05/29/2004	Susan Day	vis	^{b. Project} Susan Davis Bob Filner		
15. Estimated Funding: \$150,000.00		16. IS APPLICATION SUBJECT T 12372 PROCESS?	O REVIEW BY STATE EXECUTIVE ORDER		
, , 0 0 0 0 0		a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE			
		STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON.			
		DATE 6/27			
a. Federat	\$150,000.00	b. NO. PROGRAM IS NOT COVER			
b. Applicant	\$	O OR PROGRAM HAS NOT B	BEEN SELECTED BY STATE FOR REVIEW		
c. State	3				
d. Local	5	-			
e. Olher	\$				
f, Program Income	150 000 00	17. IS THE APPLICANT DELINQUENT OF	N ANY FEDERAL DEBT?		
g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND BE DULY AUTHORIZED BY	\$150,000.00	D YES If "Yes" attach an explanation PLICATION PREAPPLICATION ARETRUE AN	n. YENO ID CORRECT, THE DOCUMENT HAS BEEN		
		LCOMPLY WITH THE ATTACHED ASSURA	NCES IF THE ASSISTANCE IS AWARDED.		
Janie Davis		President/CEO	c. Telephone Number		
d Signature of Authorized Representative		F TESTRETTE / CEO .	619-297-3901 e. Date Signed		
CANE LOU	6		June 26, 2002		
evion & Edition & Not Us able	AUTHORZED FOR LOCA	AL REPRODUCTION	Signoard Form 424 (REV 7-97) Prescribed by OMB Circular A-192		

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1697
Recipient Name:	MUNICIPAL TRANSPORTATION AGENCY/CITY AND COUNTY OF SAN FRANCISCO
Project ID:	CA-90-Y124-00
Budget Number:	1 - Budget Pending Approval
Project Information:	FY 2002-2003 FTA Formula Funds

Part 1: Recipient Information

Project Number:	CA-90-Y124-00
Recipient ID:	1697
Recipient Name:	MUNICIPAL TRANSPORTATION AGENCY/CITY AND COUNTY OF SAN FRANCISCO
Address:	949 PRESIDIO AVE ROOM 246, SAN FRANCISCO, CA 94115 0000
Telephone:	(415) 923-6139
Facsimile:	(000) 000-0000

Union Information

Recipient ID:	1697
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave.
Address 2:	
City:	Washington, dc 20016 0000
Contact Name:	James La Sala
Telephone:	
Facsimile:	

Recipient ID:	1697
Union Name:	TRANSPORT WORKERS UNION
Address 1:	80 West End Ave.
Address 2:	



h

e ebf

e eh

e

City:	New York, NY 10023 0000
Contact Name:	Frank МсСапп
Telephone:	
Facsimile:	

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-90-Y124-00
Project Description:	FY 2002-2003 FTA Formula Funds
Recipient Type:	City
FTA Project Mgr:	.D. Turchie/K.Luu
Recipient Contact:	Jerry Levine
New/Amendment:	None Specified
Amend Reason:	None Specified
Fed Dom Asst. #:	None Specified
Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	Jul. 01, 2002 - Dec. 31, 2007
Recvd. By State:	Jun. 27, 2002
EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Jul. 01, 2002
Program Page:	
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Deling. Details:	

Gross Project Cost:	\$98,981,677
Adjustment Amt:	\$0
Total Eligible Cost:	\$98,981,677
Total FTA Amt:	\$82,156,753
Total State Amt:	, \$0
Total Local Amt:	\$16,824,924
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60060	SAN FRANCISCO-OAKLAND, CA

Congressional Districts

APPLICATION FO		2. DATE SUBMITTED		Applicant Identifier	OMB Approval No. 0348
FEDERAL ASSIST	I ANCE	6/25/0	」		N/A
TYPE OF SUBMISSION Application	Preapplication	9. DATE RECEIVED B	Y STATE	State Applicant Identifier	N/A _
. Construction	☐ Cónstruction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction ■ Non-Construct					N/A
5. APPLICANT INFORMATIO	N				· · · · · · · · · · · · · · · · · · ·
Legal Name: "City of:	Long Beach		Organizational Unit:	Long Beach Polic	o Dont
Address (give city, county, ste Long Beach 100 Long Be Long Beach, CA	Police Departmer ach Blvd.	ıt	Name and telephone application (give are Name: Braden	e number of person to be conta ea code) "Phillips	cted on matters involving this
			Phone: 56257058	30	
5. EMPLOYER IDENTIFICAT	ION NUMBER (EIN):		7. TYPE OF APPLIC	CANT: (enter appropriate lett	er In box)
9560	000733		A. State	H. Independent Scho	
7.05.05.05.05.15.			B. County		or bist. Institution of Higher Leaming
B. TYPE OF APPLICATION:			C. Municipal	 Private University 	
\boxtimes	New Continuation	☐ Revision	D. TownshipE. Interstate	K. Indian Tribe L. Individual	
			F. Intermunicipa		rı
Revision, enter appropriate le			G. Special Distric	_	
A. Increase Award D. Decrease Duration		orease Duration			
= . Postende Duisiiliji	Other (specify):	***	9. NAME OF FEDER		44
			Department of Justice Office of Community Oriented Policing Services		
CATALOG OF FEDERAL	20MESTIC ACCUSE				_
. ON INCOG OF FEDERAL	DOMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE T	ITLE OF APPLICANT'S PROJ	ECT:
	1 6	7 1 0	City of Lon	g Beach Californ	ia
TITLE: 2002 Technology I					maging 11 ovec E
	CT (cities, countles, states, etc.)	:	_		<u> </u>
Long Beach,	CA	,		1131	
. PROPOSED PROJECT:		DNAL DISTRICTS OF:	TANAMA		JUN 26 2002
art Date Ending Da	/		b. Project		
115/03 1/15	/3 4 37 and 38	3	37	and 38	
				ISTAT	E CLEARING HO
ESTIMATED FUNDING:			16. IS APPLICA	TION SUBJECT TO REVIEW	BY STATE EXECUTIVE
Federal	\$	781000.00	ORDER 123	72 PROCESS?	
Applicant		·	(a)YES, THIS	PREAPPLICATION/APPLICATION	TION WAS MADE
Applicant	\$.00.	AVA	NLABLE TO THESTATE EXEC DOESS FOR REVIEW ON:	CUTIVE ORDER 12372
Stale				SOFTON LOW WEATERS OIM:	
	\$.00	DAT	E 1/25/1	7
Local	\$		_	E 6/25/0.	<u> </u>
	Ť	.00	b. NO. □	PROGRAM IS NOT COVERE	ED BY E.O. 12372
Other	5	.00,		OR PROGRAM HAS NOT BE	
				FOR REVIEW	in principles and the set of \$1.5 kg.
rogram income	\$.00.			
TOTAL				LICANT DELINQUENT ON AN	
	\$.00	☐ Yes	If "Yes," attach an explanation	No KK
TO THE BEST OF MY KNOWLED	GE AND BELIEF, ALL DATA IN T	HIS APPLICATION/PREA	PRICATION ARE TRUE	AND CORRECT. THE DOCUMEN	T Dae perious various
		NT WILL COMPLY WITH T	HE ATTACHED ASSURA	AND CORRECT. THE DOCUMEN NCES IF THE ASSISTANCE IS AV	i nas been bully Authorizi /ARDED.
yped Name of Authorized Re Henry Taboad		b. Title	*** M		c. Telephone number
ignature of Authorized Repres		<u> </u>	ty Manager		<u> 562-570-7150</u>
- Contract to pres	ASSISTANT CATY A	ANAGER	APPROM	D AS TO FORM	e. Date Signed
vilacce	29 muce				1, 14 00
s Editions Usable	Authorized for Local Rep			6-17-000	6.24.02

TO SECTION 301 OF THE CITY CHARTER.

By Charlin acide

APPLICATION FOR		2. DATE SUBMITTED	Applicant Hentifler				
1. TYPE OF SUBMISSION		3. DATE RECEIVED BY STATE					
Application	Preapplication	i i	State Application identifer				
Construction	Construction	6/26/02 4. DATE RECEIVED BY FEDERAL	Foderal Identifor				
Non-Construction	i 🗅 Non-Construction	AGENCY	- Maria Jacinia				
		. 6/28/02	· ·				
5. APPLICANT INFORMATION Legal Nume:	,						
Alameda County	,	Organizational Unit:					
Address (give city, county, state, and zip code):		Public Health Departme	ONE pontacted on matters involving this application (give				
1000 Broadway, Suite 500		Area code) Paul Cummings	connected on matters involving this application (give				
Oakland, CA 94607		(510) 577-7082					
6. EMPLOYER IDENTIFICATION (EIN);		7. TYPE OF APPLICANT: (onter a	The control of the co				
		†	~				
		A. State H. Indep. B. County I. State 6	endent School District Controlled Institution of Higher Learning				
9 4 6 0 0 0	5 0 1	C. Menicipal J. Private D. Township K. India	5 University				
H. TYPE OF APPLICATION:		E. Interetate L. Indivi	dual				
X Naw Continuation D Revision	· .		Organization (Specify):				
	·	,	- 1 JUN 26				
If Revision, enter up propriate jett er(s) in b ax(cs);							
A lucrease Award B. Degress	the Award	s. NAME OF FEDERAL AGENCY:					
C 1	rease Duration	Environmental Procec	tion Age STATE CLEARIN				
· · · · · · · · · · · · · · · · · · ·							
10. CATALOG OF FEDERAL DOMESTIC ASSI	STANCE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT					
6 6 6 0	6	Alameda County Commun	ity-Based In-Home				
		Asthma Trigger Assessment, Environmental					
TITLE:		Education and Managem	ent				
12. AREAS AFFECTED BY PROJECT (cities, co	unties , states, etc.);						
Alameda County 12. PROPOSED PROJECT:							
	14. CONGRESSIONAL DISTRICT OF:						
6.	a. Applicant:		b. Project				
11/30/02 6/30/04	Barbara Lee, 9t	h District (CA)	Barbara Lee 9th (CA)				
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO	REVIEW BY STATE EXECUTIVE ORDER				
		12972 PROCESS7	ENDONY ENDER				
		4. YES, THE PREAPPLICATIONAPPLICATION	TION WAS MADE AVAILABLE TO THE				
		EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:					
	•	DATE 6/26	i i				
e. Federal	•1/0 707	b. NO. D PROGRAM IS NOT COVERE	D. C.Y. C. D. 40070				
•	\$149,797	•	'				
b. Applicant	5	D OR FROURAM HAS NOT BE	EN SELECTED BY STATE FOR REVIEW				
c. State	\$						
d. Local	3						
o. Other	\$						
f. Program income							
	5 0	17. IS THE APPLICANT DELINQUENT ON	ANY FEDERAL DEBT?				
g. TOTAL 18. TO THE BEST OF MY KNOWLEDGEAND BE	\$149.797	☐ YES 'If 'Yes' attach an explenation.	52 NO				
18. TO THE BEST OF MY KNOWLEDGE AND BE DULY AUTHORIZED BY THE GOVERNING ROLLY OF THE ADDITION	ALLWAYA IN THIS APPLI	CALUN/PREAPPLICATION ARETRUE AND	CORRECT, THE DOCUMENT HAS BEEN				
THE GOVERNING BODY OF THE APPUCAN B. Typed Name of Authorized Representative.	I AND THE APPLICANT WILL	DOMPLY WITH THE ATTACHED ASSURANGE. TUB:	CES IF THE ASSISTANCE IS AWARDED.				
Anita Siegel	•	<u> </u>	c. Telephone Number				
d. Signature of Authorized Representative		Deputy Director	(510) 267-8000				
With Mels		·					
raviou a Edition a Not Us obje	AUTHORIZED FOR LOCAL	REPRODUCTION	Slapined Form 424 JPSV 707				

APPLICATION FOR						OMB	Approva	al No. 034	18-0043
FEDERAL ASSISTANCE 2. DAYE SUBMITTE 6-26-02				Applicant Ide	ninfier				
1. TYPE OF SUBMISSION: Application	Prespolication	3. DATE RECEIVED BY	STATE	State Application identifier					
Construction Non-Construction	Construction Non-Construction	4. OATE RECEIVED BY	FEDERAL AGENCY	Federal Iden	ifier				
5. APPLICANT INFORMATION	<u> </u>								
	Unified School	District		Karen Ma	iorc	a, Di	rect	or	
Address (give city, county, State,	-		Name and telephone : this application (give a	,	son bo i	e conta	cted on I	mattere ir	inopping
644 W. 17th Stree Los Angeles, CA	•		Karen Maioro	•	763	-8374	,		
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter ap	proprie	e letter	in box)		
9 5 6 0 0 1	A. Stema	H. Independ	ent Sch	ool Dist.		H			
B. TYPE OF APPLICATION:			B. County	1. State Cont		atitution	of High	er Leami	ng 👍
X Nove	Revision	C. Municipal D. Township	J. Privata Un K. Indian Trif						
If Ravision, enter appropriate lett		E. Interstate	L. Individual	~~				- 1	
	<u>.</u>	_	F. Intermunicipal	M. Profit Org		n			- 4
A. Increase Award B. Dec D. Decrease Duration Other(s		ie Duration	G. Special District	N. Other (Sp	ecify) _		J-403		1 3
D. DOGGOOD DOGGOOD OHER	spoulty).		S. NAME OF FEDER	AL AGENCY:			The state of the s		7 T
			Enviromental		tion	Agen	су		Ä
10. CATALOG OF FEDERAL DE	DMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TO	TLE OF APPL	ICANT	'S PRO.	JECT:		- 4 1
		66-606	7 7-	. 4			_		· ·
			Education	& Manag	emen.			п па	
TITLE: In-Home 12 AREAS AFFECTED BY PRO	Asthma Educatio		-	1111 (5)	n				Ę.
Los Angeles Coun		auss, sa.).			ارا الم			o 000	
13. PROPOSED PROJECT	14. CONGRESSIONAL D	STRICTS OF:				J	M 2	() ////	
Start Date Ending Date	a. Applicant		b. Project					~ 1 1 1 1 1	
12-1-02 11-30-04	30,34,48		30,34,48		STA	ILE C	LEA	RING	HOU
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PE		REVI	EW BY	STATE	EXECUT	NE 🐪
s. Federal	150,0	00	a. YES. THIS PRE	APPLICATION	VAPPI i	CATION	J WAS A	MADE	
b. Applicant	S	Ö	AVAILABLI	E TO THE STA	TE EX)
c. State	s		DATE 6-	-26-02		_			r ^y .
d. Local	S	-	b. No. D PROGRA		OVERE	DBYE	O. 1237	72	18. 1.
s. Other	S	&	(GRAM HAS N					E h
f. Program Income	S	œ	17. IS THE APPLICA		eny a	A A Brown	ENEDA	I DEBT	9 ** s/h/
g. TOTAL	\$ 150,0		☐ Yes # Yes,				and the Post	I No	70
18, TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF, A	LL DATA IN THIS APPLIC	ATTON/PREAPPLICATE APPLICATION TO THE APPLICANT AND T	TION ARE TR	UE AN	O CORR	ECT, T	HE H THE	
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AN	ARDED.							
a. Type Name of Authorized Reg Karen Maiorca		b.Title Director		c Telephone (213)					/ (y %)
d. Signature of Authorized Report		•		e. Date Sign 6-26-0					15 g

:				TE	GEOVEN
APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED 06/17/2002		Applicant Iden		OMB Approval No. 0949 404
1. TYPE OF SUBMISSION:	3. DATE RECEIVED B	Y STATE	State Applicati	ion dentifier	JUN E
Application Preapplication Construction Construction	4. DATE RECEIVED BY	FEDERAL ACENCY	Federal Identi	fier	CLEARING HOUSE
Non-Construction Non-Construction	4. DATE RECEIVED BT	PEDERAL AGENC	reuerar idenii	STATE	= CLEARING HOUSE
5. APPLICANT INFORMATION				<u>U1711</u>	
Legal Name:		Organizational Unit:		***************************************	
Sacramento Urban Indian Health Project, Inc.		Leo Camp Alco	hol/Substa	nce Abuse	∍ Program
Address (give city, county, state, and zip code):				person to be o	contacted on matters involving this
2020 J Street		application (give area	·		
Sacramento, CA 95814		Dale V. Campb (916) 325-9650			none ell@suihpi.ihs.gov
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 2 0 5 6 0 2		7. TYPE OF APPLIC	ANT: (enter ap		[N]
8. TYPE OF APPLICATION:		A. State B. County	H. I.	,	nt School Dist. rolled Institution of Higher Learning
New Continuation	Revision	C. Municipal D. Township	J. K.	Private Univ Indian Tribe	
If Revision, enter appropriate letter(s) in box(es):		E. Interstate	L.	Individual	
	ncrease Duration	F. Intermunicipa G. Special Distric		**	cify): Non profit
D. Decrease Duration Other (specify):		9. NAME OF FEDER	AL AGENCY:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		, •			
10. CATALOG OF FEDERAL DOMESTIC	1 []	11. DESCRIPTIVE T	ITLE OF APPL	ICANT'S PRO	ојест:
ASSISTANCE NUMBER: 0 2	-005	AI/AN Treatme	nt Systems	Initiative	
TITLE: Al/AN-Rural Planning Grants					
12. AREAS AFFECTED BY PROJECT (cities, counties, state	s, etc.):				
California, Sacramento County, Yolo County					
13. PROPOSED PROJECT: 14. CONGRESS	IONAL DISTRICTS OF:				
Start Date Ending Date a. Applicant			b. Project	1	
09/02 02/04 CA 3rd Distr	rict, CA 5th Distric	t	CA 3rd [District, CA	A 5th District
15. ESTIMATED FUNDING:	16. IS APPLICA	TION SUBJECT TO RE	VIEW BY STA	TE EXECUTIV	VE ORDER 12372 PROCESS?
a. Federal \$ 181,500		IIS PREAPPLICATION, 12372 PROCESS FOR		WAS MADE A	AVAILABLE TO THE STATE EXECUTIVE
b. Applicant \$.00 DATE -			·	
c. State \$.00	PROGRAM IS NOT C	SOUTHER BY E	O 19979	
d. Local \$.00 B. NO.	PROGRAM IS NOT C	OVERED DI E	,U. 12372	
.0		OR PROGRAM HAS	NOT BEEN SEL	ECTED STAT	TE FOR REVIEW
e. Other \$.00				
f. Program Income \$.00 17. IS APPLICA	TION DELINQUENT O	N ANY FEDER	IAL DEBT?	
g. TOTAL \$ 100	0.00 YES	If "Yes," attach an exp	lanation.		☑ No
181,500					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DA AUTHORIZED BY THE GOVERNING BODY OF THE APPLICA					
a. Typed Name of Authorized Representative		· · · · · · · · · · · · · · · · · · ·			c. Telephone number
Dale V. Campbell, MA		Executive Director (916) 441-091			(916) 441-0918
d. Signature of Authorized Representative					e. Date Signed
d. Signature of Authorized Representative	OP				06/17/2002

Previous Editions Not Usable Authorized for Local Reproduction

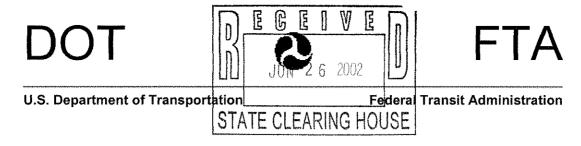
Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR		2 DATE SUBMITTED		ilicant Identifier
FEDERAL ASSISTA	NCE	06/21/2002		
		3. DATE RECEIVED E	Y STATE	State Application Identifier
I. TYPE OF SUBMISSION:	Preapplication	•		
Application Construction X Non-Construction	Construction Non-Construction	4. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Identifier
APPLICANT INFORMATION			Organizational Unit:	
egal Name:		. ,	Organizational Citic	
Rural Community As	ssistance Corpor	cation	Name and telephone	number of person to be contacted on matters involve
Address (give city, county, State			this application (give a	
3120 Freeboard Dr: West Sacramento,	ive, Suite 201 Yolo County, CA	95691	June Otow, 36	
S. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
9/14 - 2 5 1 2			A. State B. County	H. Independent School Dist. I. State Controlled Institution of Higher Learning
8. TYPE OF APPLICATION:			C. Municipal	J. Private University
X Nev	w Continuation	Revision	D. Township	K. Indian Tribe
If Revision, enter appropriate let	ter(s) in box(es)		E. Interstate	L. Individual
MINEALSTON STATES CANAL CONTRACT	•		F. Intermunicipal	M. Profit Organization N. Other (Specify) Nonprofit
M. Highedale Mindre		ease Duration	G. Special District	14. 03.01 (0504.))
D. Decrease Duration Other	(specify):		9. NAME OF FEDER	AL AGENCY:
			U.S. Departs	ment of Agriculture
			Rural Develo	opment G G G G
10. CATALOG OF FEDERAL D	OUESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT: 6
10. CATALOG OF FEDERAL L	OWESTIC MOSICIALIO	10-773		ycling Business
			Opportuni	ty Workshops JUN 2 6 2
TITLE: Rural Bus	siness Opportuni	ty Grant		
12. AREAS AFFECTED BY PF	ROJECT (Cities, Counties,	States, etc.): Milton-	-	
Freewater, CR; John Day	y, OR; Chistochina,	AK; Ute Tribe, Ul:		STATE CLEARING
San Luis, Colorado 13. PROPOSED PROJECT	14. CONGRESSIONAL	L DISTRICTS OF:		
Start Date Ending Date	a. Applicant			st. 2, AK District 1, UT Dist.
10/1/02 9/30/03		strict 3	CO Dist. 3	N SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			16. IS APPLICATION	
a Federal	\$			
a. rederal	44,000		a. YES. THIS PRE	EAPPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12372
b. Applicant	S			S FOR REVIEW ON:
c. State	\$		DATE _C	06/21/2002
d. Local	\$		b. No. PROGR	RAM IS NOT COVERED BY E. O. 12372 OGRAM HAS NOT BEEN SELECTED BY STATE
e. Other	\$		FOR RE	
t. Program Income	S			ANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 44,000	7 1 THE ADD	U CATON/PREAPPLIC	attach an explanation.
DOCUMENT HAS BEEN DU	LY AUTHORIZED BY TH	IE COAFRING BOD! OF	THE APPLICANT AND	ATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES	IF THE ASSISTANCE IS	b. Title		c. Telephone Number
a. Type Name of Authorized F	representative		cial Officer	916/447-2854
Kevin McCumber d. Signature of Authorized Re	presentative)			e. Date Signed
Penus 1	rc (umb	<u>90</u>		6/21/02 Standard Form 424 (Rev. 7-97)

Previous Edition Usable
Authorized for Local Reproduction

APPLICAT	ION FOR						·	OWR VDE	proval No.	0348-0	043
FEDERAL		○	L DATE SUBMITTED		Applicant Ider	Wes	re (P	[]	WIS		Г
I LULIAL.	MUSIS I MIN	OE.	June 25	, 2002		lnl	EG	<u> 15 U</u>	<u>V 6</u>	-1111	
1. TYPE OF SUBMISS	SION:	3	. DATE RECEIVED E	Y STATE	State Applica	ion leenti	fier			 	
Application	Preapplio ☑ Cons	trustion						0.0	ሳስስሳ	U	
Construction	tχ; Cons	r—	DATE RECEIVED R	Y FEDERAL AGENCY	Federal Identi	1111	- JU	N = 2.6	2002		┼
☐ Non-Construction	on 🗆 Non-4	Construction		T CERTIFIC AGENCY	: cociai ideiti	42111					
5. APPLICANT INFOR										JOE	+
Legal Name:				Organizational Unit:		CTA	TF C	I FARI	NG HC)USE	+
	ommunity	Services	District	Local S	Special	1017	Vice	25 Di	stric		
Address (give city, cou		· · · · · · · · · · · · · · · · · · ·		Name and telephone							
				application (give area	a code)	person to	De Curtat	sted on mat	TELS HIAOIAH	j uns	
P.O. Box				George J. Bennett, District Mngr.							
Covelo, 0	CA 95428			707/983	3-6888,	or:	;				
Mendocino	o County,	CA		Arnie F SHN Cor	Herskov	ic 7	707/4	441-8	.355		
a men over more				SHN Cor	nsultin	g Er	ıgine	ers_			
6. EMPLOYER IDENT			7. TYPE OF APPLIC A. State			<i>letter in b</i> ndent Sch	,	G			
94			B. County	l.				of Higher Lea	ımina		
8. TYPE OF APPLICATION:				C. Municipal	J.		University				
						indian					
	Much Congregation Diseason				L. J M.		ial Irganizatio				
If Revision, enter appre	If Revision, enter appropriate letter(s) in box(es):				ct N.		Specify):				
A. Increase Award	B. Decrease	ease Duration	,		,						
D. Decrease Duration	on Other (specify		9. NAME OF FEDER	AL AGENCY:	*			····			
)	+ 1									
				U.S.D.A.	.Rural	Util	Litie	es Se	rvice		
10. CATALOG OF FE				11. DESCRIPTIVE T							
ASSISTANCE NU	ASSISTANCE NUMBER: 10 7 6 0				- overe one proposes a named of wasce						
r.7 - t-	/r-r		7	water system improvements to correct							
TITLE: Wate	er/wastew n/Grant P	ater Disp	osal	serious I&I problems, repair and/or							
12. AREAS AFFECTE			etc.):	replace the line, pumps,							
			·	design changes to its collection							
Covelo C	ommunity.	Services	District	system, repair sags, and correct							
Mendocino	o County,	CA		treatment plant deficiencies.							
13. PROPOSED PRO		,	NAL DISTRICTS OF:	<u> </u>	. С						
Start Date	Ending Date	a. Applicant	TAL DISTRICTS OF.		b. Project		***				
	•				,						
1/03	9/04]]			1						
15. ESTIMATED FUNI	DING:	<u> </u>	16. IS APPLICA	TION SUBJECT TO RE	VIEW BY STAT	E EXEC	JTIVE OR	 IDER 12372	2 PROCESS	7	
a. Federal	\$.0	a. YES, T⊁	IIS PREAPPLICATION/	APPLICATION	WAS MAI	DE AVAIL	ABLE TO T	HE, STATE	EXECUTI	VΕ
	2,700		OHDEH	12372 PROCESS FOR	R REVIEW ON:						
b. Applicant	\$.0	O DATE	June 25,	2002						
	1	,000	5012								
c. State	 	.0	_								
o. Cudio	•	.0	° b. NO □	PROGRAM IS NO	T COVERED BY	E.O, 123	372				
d. Local	\$		_								
u. Locai	3	.0	° □	OR PROGRAM HA	AS NOT BEEN S	SELECTE	D STATE	FOR REVIE	EW		
			_								
e. Other	\$.0	°								
f. Program Income	\$.0	0 17. IS APPLICA	TION DELINQUENT O	N ANY FEDER	AL DEBT	7				
			YES	if "Yes," attach an expl	anation.			x No			;
g. TOTAL	\$.0	0								;
	3,000										:
18. TO THE BEST OF	YY KNOWLEDGE AN	ID BELIEF, ALL DATA	IN THIS APPLICATION	N/PREAPPLICATION	ARE TRUE AND	CORREC	T, THE D	OCUMENT	HAS BEEN !	DULY	
AUTHORIZED BY THE	GOVERNING BODY	OF THE APPLICANT	AND THE APPLICANT	WILL COMPLY WITH	THE ATTACHE	ASSUR.	ANCES IF	THE ASSIS	STANCE IS A	WARDE	D
a. Typed Name of A	•			b. Title				-	lephone nun		
	J. Bennet	· 7		District	Manag	er			<u>/983-</u>	<u>6888</u>	}
d. Signature of Auth	orized Representat	ive	_	. 0				e. Dat	te Signed		
1 6.	ノ」「		17-1-	THI	Λ				10	1.0	
1 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	70 ^ ^	<i>ο λΛ /</i>	1 /1 1	10 V	Y 3-10	m 11.0		1 6	717)	(() /-	• :

View Print Page 1 of 7



Application for Federal Assistance

Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Project ID:	CA-03-0543-01
Budget Number:	4 - Budget Pending Approval
Project Information:	Purchase buses - FY00 Sec.5309

Part 1: Recipient Information

Project Number:	CA-03-0543-01
Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Address:	100 NORTH BARRANCA ST. SUITE 100, WEST COVINA, CA 91791 1600
Telephone:	(626) 967-2274
Facsimile:	(626) 915-1143

Union Information

Recipient ID:	5551
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave. N.W.
Address 2:	
City:	Washington, D.C., MD 20016 4139
Contact Name:	James La Sala
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824

Recipient ID:	5551
Union Name:	TRANSPORTATION COMMUNICATION UNION (TCU)
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti

638,610. The budgeted ridership for fiscal year 2001 is 17,414,075, a four percent increase over fiscal year 2000. Fixed route operating expense budget for fiscal year 2001 is \$39.8 million, a eleven percent increase over fiscal year 2000 estimated cost of \$35.7 million. The increase in service hours for fiscal year 2001 will allow Foothill Transit to make modifications to existing services, reduce overcrowding, improve on-time performance, and provide additional service expansion through the availability of the purchased buses.

TIP number for bus replacement - LA62401

Foothill Transit has programmed the following funds to pay for this bus procurement:

FY 98/99 Section 5307 Reserve - \$6,138,380 FY 00 Section 5309 Grant - \$1,716,916 FY 00 CMAQ Funds - \$3,403,673 Local Funds (TDA) - \$8,393,237

Total funds - \$19,652,206

Union Information:

1. Amalgamated Transit Union (ATU) Contact: Mr. James La Sala 5025 Wisconsin Ave. N.W. Washington D.C., MD 20016-4139 Tel. (202) 537-1645 Fax (202) 244-7824

2. International Brotherhood Teamsters (IBT) Contact: Mr. James P. Hoffa 25 Louisiana Ave. N.W. Washington D.C., MD 20001 Tel. (202) 624-6800 Fax (202) 624-8110

3. Transportation Communication Union (TCU) Contract: Mr. Robert Scardelletti 3 Research Place Rockville, MD 20850 Tel. (301) 948-4910 Fax (301) 948-1369

4. United Transportation Union (UTU) Contact: Mr. Bernie Mc Nelis 14600 Detroit Ave. Cleveland, OH 44107 Tel. (216) 228-9400 Fax (216) 228-5755

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
111-00 BUS - ROLLING STOCK	9	\$1,716,916	\$2,141,509

ACTIVITY		
11.12.01 BUY REPLACEMENT 40-FT BUS. LA62401	9 \$1,716,916	\$2,141,509
	Estimated Total Eligible Cost:	\$2,141,509
	Federal Share:	\$1,716,916
	Local Share:	\$424,593

OTHER (Scopes and Activities not included in Project Budget Totals)

None

SOURCES OF FEDERAL FINANCIAL ASSISTANCE

UZA ID	Accounting Classification	FPC	FY	SEC	Previously Approved	Amendment Amount	Total
60020	2000.47.03.31.1	00	2002	03	\$1,624,180	\$0	\$1,624,180
					Total Prev	iously Approved:	\$1,624,180
					Total Ame	endment Amount:	\$0
					Total from all F	Funding Sources:	\$1,624,180

Alternative Fuel Codes

11.12.01	BUY REPLACEMENT 40-FT BUS. LA62401	Diesel Fuel
1		

Extended Budget Descriptions

11.12.01	BUY REPLACEMENT 40-FT BUS. LA62401	9	\$1,716,916	\$2,141,509
, , , , , , , , , , , , , , , , , , ,				
	Heavy-duty low floor Gillig Phantom coaches. Buses wil er bus. Federal share at 80% is \$1,624,180.	be purc	thased using an exist	ting option at

Changes since the Prior Budget

FTA Change Amounts

	Code	Description	Previous FTA Total	Change in FTA Total	Current FTA Total	
-						

111-00	BUS - ROLLING STOCK	\$1,624,180	\$92,736	\$1,716,916
11.12.01	BUY REPLACEMENT 40-FT BUS. LA62401	\$1,624,180	\$92,736	\$1,716,916

Eligible Change Amounts

Code	Description	Previous Eligible	Change in Eligible	Current Eligible
111-00	BUS - ROLLING STOCK	\$2,030,225	\$111,284	\$2,141,509
11.12.01	BUY REPLACEMENT 40-FT BUS. LA62401	\$2,030,225	\$111,284	\$2,141,509

Change in Quantity

Code	Description	Previous Quantity	Change in Quantity	Current Quantity
111-00	BUS - ROLLING STOCK	8	1	9
11.12.01	BUY REPLACEMENT 40-FT BUS. LA62401	8	1	9

Change in Project Control Totals

Description	Previous Amount	Change in Amount	Current Amount
Gross Project Cost:	\$2,141,509	\$0	\$2,141,509
Adjustment Amount:	\$0	\$0	\$0
Total Eligible Cost:	\$2,141,509	\$0	\$2,141,509
Total FTA Amount:	\$1,716,916	\$0	\$1,716,916
Total State Amount:	\$0	\$0	\$0
Total Local Amount:	\$424,593	\$0	\$424,593
Other Federal Amount:	\$0	\$0	\$0
Special Condition Amount:	\$0	\$0	\$0

Part 4. Milestones

11.12.01 BUY REPLACEMENT 40-FT BUS. LA62401

9 \$1,716,916

\$2,141,509

	Milestone Description	Est. Comp. Date
1.	RFP/IFB OUT FOR BID	Dec. 22, 1998
2.	CONTRACT AWARDED	Mar. 25, 1999
3.	FIRST VEHICLE DELIVERED	Feb. 28, 2000
4.	ALL VEHICLES DELIVERED	Oct. 02, 2000
5.	CONTRACT COMPLETE	Oct. 02, 2000

	OH TO	r Federal		U.S. Department of Educ	etion
* *		istance (E	D 424)	Form Approved OMB No. 1875-0106 Exp. 11/30/2004	
Applicant Info	ormation			JUN 2 6 2002 Organizational Unit	
1. Name and Add		Dia Cintum - Chica	ada Cayata	Community-based Organization	(CBO)
_		Big Sisters of Nev	,		
Address: P.O. I	30x 1362 (F	hysical location at		CLEARING HOUSE	
Gras City	s Valley	<u>CA</u> State	Nevada 949 County ZIP (55- Code + 4	
-			3 1 7 1 7 3 1 7 1	6. Novice Applicant X Yes No	
				7. Is the applicant delinquent on any Federal debt?	res X No
4. Catalog of Fed	eral Domest	tic Assistance #: 84	J. 1 8 4 B	(If "Yes," attach an explanation.)	
				8. Type of Applicant (Enter appropriate letter in the bo.	r) T
Title: Mentorin	k rrograms	i		or type or reppressing tomes appropriate tener in the our	·/ I_'i
5. Project Directo	r: <u>Neil Blec</u>	lsoe. Executive Dir	rector	A - State F - Independent School District B - Local G - Public College or University C - Special District H - Private, Non-profit College or	University
Address: P.O.	Box 1362			D - Indian Tribe J - Non-profit Organization E - Individual J - Private, Profit-Making, Organiz	ation
Grass :	Valley	CA Nevada		K - Other (Specify):	
City Tel #: (530.) :	273 — 2227	State County Fax #: (530) 273-			
E-Mail Addre					
		<u> </u>			
Application I		on		49 4	
 Type of Submit -PreApplica 					nisanad s
Constru		-Application		12. Are any research activities involving human subject any time during the proposed project period?	planned a
	ction	-Application Construction		any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.)	planned a
				any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.)	
Non-Co	ction nstruction	Construction X Non-Const	ruction	any time during the proposed project period?	
Non-Co 10. Is application X Yes (L	ction nstruction subject to r Pate made a	Construction X Non-Construction Yeview by Executive vailable to the Execution	e Order 12372 process? cutive Order 12372	any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed design	
Non-Co 10. Is application X Yes (L	ction nstruction subject to r Pate made a	Construction X Non-Construction Eview by Executive	e Order 12372 process? cutive Order 12372	any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed desige exempt from the regulations? Yes (Provide Exemption(s) #):	nated to be
Non-Co 10. Is application _X_Yes (L	ction nstruction subject to r Pate made a ocess for re "No," chec	Construction X Non-Construction Eview by Executive vailable to the Executive view): 07/01/2002 k appropriate box	e Order 12372 process? cutive Order 12372 below.)	any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed desige exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #):	nated to be
Non-Co 10. Is application _X_ Yes (L	ction nstruction subject to r late made a locess for re "No," chec	Construction X Non-Construction Eview by Executive vailable to the Executive view): 07/01/2002 k appropriate box and is not covered by	e Order 12372 process? cutive Order 12372 below.) y E.O. 12372.	any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed desige exempt from the regulations? Yes (Provide Exemption(s) #):	nated to be
Non-Co 10. Is application _X_ Yes (L	ction nstruction subject to r late made a locess for re "No," chec	Construction X Non-Construction Eview by Executive vailable to the Executive view): 07/01/2002 k appropriate box and is not covered by	e Order 12372 process? cutive Order 12372 below.)	any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed desige exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project:	nated to be
Non-Co Non-Co Non-Co X Yes (L pr No (If	ction nstruction subject to relate made a ocess for re "No," chec Progra	Construction X Non-Construction Evitew by Executive vailable to the Executive view): 07/01/2002 Repropriate box in its not covered by mas not been selected.	e Order 12372 process? cutive Order 12372 below.) y E.O. 12372. ected by State for review. 9/30/2005	any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed desige exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #):	nated to be
Non-Co Non-Co Non-Co X Yes (L pr No (If	ction nstruction subject to relate made a ocess for re "No," chec Progra	Construction X Non-Construction Eview by Executive vailable to the Executive vailable to the Executive view): 07/01/2002 k appropriate box on is not covered by mean not been selected.	e Order 12372 process? cutive Order 12372 below.) y E.O. 12372. ected by State for review.	any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed desige exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project:	nated to be
Non-Co 10. Is application X Yes (L pr No (If	ction nstruction subject to rotate made a ocess for re "No," chec Program Program ject Dates:	Construction X Non-Construction Evitew by Executive vailable to the Executive view): 07/01/2002 Repropriate box in its not covered by mas not been selected.	e Order 12372 process? cutive Order 12372 below.) y E.O. 12372. ected by State for review. 9/30/2005 End Date: Authorized Repres	any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed desige exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project:	nated to be
Non-Co 10. Is application X Yes (L pr No (If 11. Proposed Pro Estimated Fu	ction nstruction subject to relate made a locess for re "No," chec Program Program ject Dates:	Construction X Non-Construction Evitew by Executive vailable to the Executive view): 07/01/2002 Repropriate box in its not covered by mas not been selected.	e Order 12372 process? cutive Order 12372 below.) y E.O. 12372. ected by State for review. 9/30/2005 End Date: Authorized Repres 15. To the best of my kn	any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed desige exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Mentoring For Success in School entative Information	are true
Non-Co 10. Is application X Yes (L pr No (If	ction nstruction subject to re late made a locess for re "No," chec Program Program ject Dates:	Construction X Non-Construction	below.) y E.O. 12372. ected by State for review. 9/30/2005 End Date: Authorized Repres 15. To the best of my kn and correct. The doc	any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed desige exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Mentoring For Success in School entative Information owledge and belief, all data in this preapplication/application	are true
Non-Co 10. Is application X Yes (L pr No (If 11. Proposed Pro Estimated Fu 14a. Federal	ction nstruction subject to re late made a locess for re "No," chec Program Program ject Dates: Inding \$	Construction X Non-Construction X Non-Construction Non-Construction X Non-Construction Year In the Exercise Year In the Exercise Year In the Indian Year Indi	below.) y E.O. 12372. ected by State for review. 9/30/2005 End Date: Authorized Repres 15. To the best of my kn and correct. The doc and the applicant w	any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed design exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Mentoring For Success in School entative Information owledge and belief, all data in this preapplication/application current has been duly authorized by the governing body of the	are true
Non-Co 10. Is application X Yes (L pr No (If 11. Proposed Pro Estimated Fu 14a. Federal b. Applicant	ction Instruction subject to relate made a cocess for re "No," checomprogram Program ject Dates: Inding \$	Construction X Non-Construction	below.) y E.O. 12372. ected by State for review. 9/30/2005 End Date: Authorized Repression of the applicant with a population.	any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed design exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Mentoring For Success in School entative Information owledge and belief, all data in this preapplication/application current has been duly authorized by the governing body of the lit comply with the attached assurances if the assistance is aways to the second project to the	are true e applicant
Non-Co 10. Is application X Yes (L pr No (If 11. Proposed Pro Estimated Fu 14a. Federal b. Applicant c. State	ction Instruction subject to relate made a cocess for re "No," checomorphism Program Program program program ject Dates: Inding \$ \$ \$ \$ \$ \$	Construction X Non-Construction	below.) y E.O. 12372. ected by State for review. 9/30/2005 End Date: Authorized Repress 15. To the best of my kn and correct. The doc and the applicant w a. Authorized Represents b. Title: President, Boar	any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed desig exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Mentoring For Success in School entative Information owledge and belief, all data in this preapplication/application nument has been duly authorized by the governing body of the ll comply with the attached assurances if the assistance is awative (Please type or print name clearly.) Richard Law	are true e applicant
Non-Co 10. Is application X Yes (L pr No (If 11. Proposed Pro Estimated Fu 14a. Federal b. Applicant c. State d. Local	ction Instruction subject to relate made a cocess for re "No," checomprogram Program program ject Dates: Inding \$ \$ \$ \$ \$ \$ \$ \$	Construction X Non-Construction	below.) y E.O. 12372. ected by State for review. 9/30/2005 End Date: Authorized Repress 15. To the best of my kn and correct. The do- and the applicant w a. Authorized Represents b. Title: President, Boar c. Tel. #: (530) 273 - 2; d. E-Mail Address: bb	any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed design exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Mentoring For Success in School entative Information owledge and belief, all data in this preapplication/application cument has been duly authorized by the governing body of the ll comply with the attached assurances if the assistance is awative (Please type or print name clearly.) Richard Laward of Directors, Big Brothers/Big Sisters of Nevada County beofin@necu.net	are true e applicant
Non-Co 10. Is application X Yes (L pr No (If 11. Proposed Pro Estimated Fu 14a. Federal b. Applicant c. State d. Local e. Other	ction Instruction subject to relate made a cocess for re "No," checomorphism Program Program program program subject Dates: Inding \$	Construction X Non-Construction	below.) y E.O. 12372. ected by State for review. 9/30/2005 End Date: Authorized Repress 15. To the best of my kn and correct. The doc and the applicant w a. Authorized Represents b. Title: President, Boar c. Tel. #: (530) 273 - 2: d. E-Mail Address: bb e. Signature of Authori	any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed design exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Mentoring For Success in School entative Information owledge and belief, all data in this preapplication/application cument has been duly authorized by the governing body of the ll comply with the attached assurances if the assistance is awative (Please type or print name clearly.) Richard Laward of Directors, Big Brothers/Big Sisters of Nevada Counted to the second of	are true e applicant

Application for Federal Assistance		partment of Housing oan Development		EE PIE	va[[40.1]50 W01[[60]0, 03 31/2	005)
Type of Submission	2. Date S	Submitted	4.1	HUD Ąbb	libation Number D	
Application X Preapplication 3. Date a		and Time Received by HUD	5. B	Existing (Frant Number HOUSE	
			6. <i>F</i>	Applicant	Identification Number	
7. Applicant's Legal Name		8. Organizational Unit				
Community Housing Opportunities Corporation		Development Department				
9. Address (give city, county, State, and zip code) A. Address: 1490 Drew Avenue, Suite 160 B. City: Davis C. County: Yolo D. State: CA E. Zip Code: 95616		contacted on matters involvir A. Name:Cindy Heavens B. Title:Project Manager C. Phone:530.757.4444 ext D. Fax:530.757.4591 E. E-mail:cheavens@choch	ng this a t 235 nousing	applicatio		
11. Employer Identification Number (EIN) or SSN		12. Type of Applicant (enter	appropr	riate lette	r in box) N	
68-0038964		A. State I. University or College B. County J. Indian Tribe				
13. Type of Application		C. Municipal		(, TDHE		
New Continuation X Renewal R	evision	D. Township		Individu		
promote positi	7	E. Interstate			Organization	
If Revision, enter appropriate letters in box(es)	_	F. Intermunicipal		I. Non-pr		
A. Increase Amount B. Decrease Amount C. Increase Duration		G. Special District O. Public Housing Authority H. Independent School District P. Other (Specify)				
D. Decrease Duration E. Other (Specify)		H. Independent School Dist		. Other (Specify)	
		14. Name of Federal Agency U.S. Department of Hou		nd Urb	an Development	
15. Catalog of Federal Domestic Assistance (CFDA) Number		16. Descriptive Title of Applic	cant's P	rogram		481° E.
114		Acquisition of an RD 515 Loa	an with	expiring	use.	
Title:						
Component Title:						
17. Areas affected by Program (cities, counties, States, Indian						
Reservation, etc.)						
City of Woodland						
18a. Proposed Program start date 18b. Proposed Program er 6/1/2002 10/1/2002		19a. Congressional Districts	of Appl		19b. Congressional Districts of Program	3
20. Estimated Funding: Applicant must complete the Funding	g Matrix o	n Page 2.				
21. Is Application subject to review by State Executive Order 123 A. Yes B. No Program is not covered by E.O. 12372 Program has not been selected by State for recovering the selected by State	ailable to t	ss? he State Executive Order 123	372 Pro	cess for	review on: Date 6/25/02	<u>-</u> ×
22. Is the Applicant delinquent on any Federal debt?	No			***************************************		
Yes If "Yes," explain below or attach an explanation.	!					
				3	N 2 6 2002	
			STA	TE CI	EARING HOUSE	

		·						
Funding Matrix								
The applicant must provide the ful	nding matrix s	hown below,	listing each progra	m for which l	HUD funding is I	peing		
requested, and complete the certi	fications.							
					1			
Grant Program*	HUD	Applicant	Other Federal	State	Local/Tribal	Other	Program	Total
	Share	Match	Share	Share	Share	1.000.100	Income	
USDA Rural Development 515	903,296				290,000	1,688,192		
	:	April manufacturer (April 2) and April 2) an						
			THE STATE OF THE 					
Grand Totals	903,296				290,000	1,688,192		
* For FHIPs, show both initiative	and compone	nt						-rest V
Certifications I certify, to the best of my knowled of the undersigned, to any person Congress, an officer or Member of this Federal grant or its extension will be paid for influencing or at Disclosure Form to Report Lobbytis similarly certify and disclose according to the certification.	for influencing f Congress, and congress, an	g or attemptin n officer or en mendment or fluence the pe nat I shall requ	ig to influence an on a ployee of a Member modification. If fuersons listed above uire all sub awards	officer or emporer of Congresional officer of Congresional officer of the composite of the congress of the con	oloyee of an age ess, in connection an Federal approperation oplete and submincluding sub-gra	ncy, a Membe in with the awa opriated funds it Standard Fo ants and contr	er of arding s have orm-LLL, acts) to	
To the best of my knowledge and and Certifications (HUD form 424- of the fact upon which reliance sha	B) attached to	this applicat	ion or currently on	file in the De	epartment, are a			
23. Authorized Official Signature	Rece la	onk		Name (print	ed)	Nancy Conk		
Title Executive Director	(Date (mm/dd. 06 /d	/yyyy) R <i>1 3-005</i>	Ω
						<u> </u>		

APPLICATION FO)R				INAppioval No. 0848-0
FEDERAL ASSIST	ΓANCE	2. DATE SUBMITTE	D	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED	BY STATE	State Application Identifier	7777 -
<u>Application</u>	Preapplication			The state of the s	
Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENC	1 1	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction	1		ISTATE CLEARING	C HUNCE
Legal Name:	אכ		Organizational Unit:		11 6 6 6 86
State of California		1007 - H. L.	Department	of Aging	· ·
Address (give city, county, St.	ate, and zip code):	Nationala OEO44	Name and telephon	e number of person to be conta	acted on matters involv
7000 K Street, Cod	inty of Sacramento, C	alifornia 95814	this application (give Johnna Mey AAA-Based	er, Policy Manager	(916) 322-078
6. EMPLOYER IDENTIFICAT	ION NUMBER (EIN):		7. TYPE OF APPLIC	CANT: (enter appropriate letter	in box)
1	1 3 4 7				A
8. TYPE OF APPLICATION:			A. State B. County	H. Independent School Dist.	
		7 5	C. Municipal	State Controlled Institution Private University	of Higher Learning
∠ N		Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate is	etter(s) in box(es)		E. Interstate	L. Individual	•
A. Increase Award 9 n		<u></u>	F. Intermunicipal	M. Profit Organization	
	ecroase Award C. Increase for (specify):	Duration	G. Special District	N. Other (Specify)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9. NAME OF FEDER	AL AGENCY:	-
			Employment Tra	ining Admin. Washingto	n, DC 20210
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANCE NUM	BER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJ	ECT:
	1	7 - 2 3 5	Senior Communi	ity Service Employment	Program will
TITLE: Senior Com	nmunity Service Employm	ant Drogram	provide subsidize	ed part-time employmen	t opportunities in
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, States	e etc.)	communitites for	low-income persons ag	ed 55 and older.
	tory of counties attached)				·
13. PROPOSED PROJECT	14. CONGRESSIONAL DIST	RICTS OF:	<u>f</u>		
Start Date Ending Date	a. Applicant		b. Project		
7/1/02 6/30/02	Californi	ia	2	•	
5. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY ST	TATE EXECUTIVE
			ORDER 12372 PR		
. Federal	\$ 7.6	00,948			
. Applicant	1\$	00,540 8		PPLICATION/APPLICATION \	
**	1,18	86,270	PROCESS F	TO THE STATE EXECUTIVE FOR REVIEW ON:	ORDER 12372
State	\$ 2.02	22,000 ^{.00}			
. Local	\$	00	DATE		
			b. No. PROGRAM	M IS NOT COVÊRED BY E. O	. 12372
Other	\$.00		RAM HAS NOT BEEN SELEC	
Program Income	\$.00	T IC THE ABOUTOAN		
TOTAL	\$	00		T DELINQUENT ON ANY FED	
TO THE DEAT OF MANAGEMENT		9,218		ttach an explanation.	□No
OCUMENT HAS BEEN DULY	VLEDGE AND BELIEF, ALL DA AUTHORIZED BY THE GOVER THE ASSISTANCE IS AWARDE	RNING BODY OF THE	TION/PREAPPLICATION APPLICANT AND THE	ON ARE TRUE AND CORRECE APPLICANT WILL COMPLY	T, THE WITH THE
Type Name of Authorized Repr	resentative b. T			c. Telephone Number	
ynda Terry	Di	rector		(916) 322-5290	
Signature of Authorized Repres	entative /	inda Hr	1/1	Date Signed	
evidus Edition Usable		1		Standard Form 424	(Pay 7.07)
thorized for Local Reproduction		1		Prescribed by OMB	

1990			,	DEGELVEN			
APPLICATION FOR				OMB Approval Np p248-00			
FEDERAL ASSISTAI	NCE	2 DATE SUBMITTED		Applicant Identifier 20 2002			
		June 25, 2002		WS Master Plan			
1. TYPE OF SUBMISSION:		S. DATE RECEIVED BY STATE		STATE CLEARING HOUSE			
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier			
Non-Construction	Non-Construction	T. DATE FILECTION D.	1 LOUIS NOUNCE	· oaca acadio;			
5. APPLICANT INFORMATION							
Legal Name: City of Hesperia		Organizational Unit: Engineering Department					
Address (give city, county, State, 15776 Main Street	and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)				
Hesperia, San Berna	rdino County, CA 92	345	Mike Podegracz (760) 947-1438				
6. ENPLOYER IDENTIFICATION	NIMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box)				
33-0298			C				
			A. State	H. Independent School Dist.			
S. TYPE OF APPLICATION:		[7] Paralalan	B. County C. Municipal	State Controlled Institution of Higher Learning Private University			
X New	Continuation	Revision	D. Township	K. Indian Tribe			
if Flevision, enter appropriate lette	er(a) in box(ea)		E. Interstate	L Individual			
A. Increase Award B. Deci	wana Award C, increase	e Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)			
	pecify):						
			9. Name of Federal Agency:				
			Environmental Protection Agency				
Surveys, Studies, Inventor Special Purp 12 AREAS AFFECTED BY PRO City of Hesperia, San	ose Grants JECT (Oitles, Counties, Sta	Update Water and Sewer Master Plans, with related Financial Plan and Environmental Review					
	14. CONGRESSIONAL DIS						
Start Date Ending Date	a. Applicant		b. Project	4.4			
1/30/2001 9/30/2002	41	-		41			
15. ESTIMATED FUNDING:		· · · · · ·	16. IS APPLICATION ORDER 12372 PR	Subject to review by State executive locess?			
a. Federal	\$ 24	2,5 0 0 ^{.–}	a. YES. THIS PREA	APPLICATION/APPLICATION WAS MADE			
b. Applicant	\$, Co	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372. PROCESS FOR REVIEW ON:				
c. State	\$	*	DATE _J	une 24, 2002			
d. Local	\$	1,580	b. No. PROGRAM IS NOT COVERED BY E. O. 12372				
e. Other S			OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
f. Program Income	\$, po	17. IS THE APPLICANT DELINGUENT ON ANY FEDERAL DEST?				
g. TOTAL \$ 254,080			Yes if "Yes," strach an explanation. No				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
a. Type Name of Authorized Repr Michael P. Podegracz		b. Title Development Services Director		c. Telephone Number (760) 947-1438			
d. Signature of Authorized Repres	entative Action		B. Date Signed SUNE 21, 2002				
Previous Edition Usable Standard Form 424 (Rev. 7-97) Previous Edition Usable Standard Form 424 (Rev. 7-97)							

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		A _L ation Identifier			
		3. DATE RECEIVED BY STATE		State Application Identifier			
TYPE OF SUBMIS Application	SION: Preapplicati	ion	3. DATE RECEIVED	31 SIMIL	State Application rue	iune.	
☐ Construction	☐ Constru		4 DATE RECEIVED I	BY FEDERAL AGENCY	Federal Identifier		
Non-Construction	on 🗌 Non-Co	nstruction	T. DATE RESERVES		r ederal identifica		
5. APPLICATION INF	ORMATION						
Legal Name	a University of C	alifornia		Organizational Unit Land, Air and Water Resources			
The Regents of th				Name and telephone number of the person to be contacted on matters			
Address (give city, county, state, and zip code) Office of the Vice Chancellor of Research				involving this application (give area code)			
410 Mrak Hall				Administrative Contact Technical Contact			
University of Calif				Sandra Dowdy Minghua Zhang (530) 754-6131 (530) 752-4953			
Davis, California 9		YOLO C	YTNUC				
6. EMPLOYER IDEN	TIFICATION NUMBE	R (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box)			
9 4 _ 6 0 3 6 4 9 4			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University				
8. TYPE OF APPLICA	ATION:			D. Township	K. Indian Tribe	•	
<u> </u>	∄ New ☐ Cont	inuation	Revision	E. Interstate L. Individual			
	• • • • • • • • • • • • • • • • • • • •		1	F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):			
If Revision, enter appr			J []	9. NAME OF FEDER			
A. Increase Awar Duration	d B. Decrease	Award C	. Increase			Dogian 0	
D. Decrease Dura	ation Other (specif	y):		U.S. Environmen	ital Protection Ager	icy Region 9	
				44 DE000/DTIVE T	ITLE OF APPLICANT'S		
10. CATALOG OF FEDE ASSISTANCE NUMB		6 6	6 0 6				
TITLE: Surveys, S	Studies, Investigations	and Specia	al Purpose Grants	On-Farm Innovation: PUR data	Identifying farming suc	cess of low use of pesticide with	
, , , , , , , , , , , , , , , , , , , ,				PORtiala	puran		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)						JUN 2 4 7000 1111	
San Joaquin Valley				The state of the s		JUN 2 4 3002 U	
					, and the same of		
13. PROPOSED PRO		14. CON	GRESSIONAL DISTR	CTS OF:	STAT	E CLEARING HOUSE	
Start Date	Ending Date	a. Applica	nt		b. Project	the Okami Herred HOOOL	
10./01/02	09/31/03	3rd					
15. ESTIMATED FUN	IDING:		16. IS APPLICATION	SUBJECT TO REVIE	W BY STATE EXECUT	TIVE ORDER 12372 PROCESS?	
a. Federal			a. YES. THIS PREAPPLICATION/APPLICATION WAS MAI STATE EXECUTIVE ORDER 12372 PROCESS FO			DE AVAILABLE TO THE OR REVIEW ON:	
b. Applicant	\$		OIA.				
			DAT	E 6/20/	02	-	
c. State	\$		b. NO. □ P	ROGRAM IS NOT COVERED BY E.O. 12372			
d. Local	\$			OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$		OK PROGRAWINGS NOT BEEN SELECTED BY GIALLY SKILETIES				
f. Program Income	\$ 17. IS THE AF		17. IS THE APPLIC	ANT DELINQUENT OF	[?		
g. TOTAL	\$29,862		☐ Yes if	"Yes," attach an explanation.		⊠ No	
42 TO THE SECTOR DAY WHO WE DOES AND DELIES					CORRECT THE DOCUMENT H	AS BEEN DULY	
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
a. Typed Name of Authorized Representative b. Title Sandra Dowdy Conti			acts & Grants Ana	(530) 754-6131			
d. Signature of Authorized Representative					-	e. Date Signed	
Louse Tuly						6/19/02	
Previous Editions Not Usable Standard Form 424 (REV 4-88							

Please ensure all questions are answered completely, and typewritten in the spaces below. All documents submitted with the original copy of the application must have original signatures; stamped or electronic signatures will not be accepted. Previous editions of this application may not be used (4/23/02).

I. General Information

Applicant Organization's Legal Name:

Lompoc Police Department

Applicant Agency ORI Number: C A 0 4 2 0 2

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your two letter state abbreviation followed by five digits. For further clarification, please refer to the Application Instructions Manual, page 15.

Applicant Agency EIN Number: 9 5 6 0 0 0 7 3 4

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. However, if the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to the Application Instruction Manual, page 15.

Federal Congressional District Number(s): 22nd

Do not substitute state or local congressional districts.

Are you contracting for law enforcement services?

O Yes XX No

If "yes," enter the name and agency information of the contract law enforcement department in the Executive Information section below. For further clarification in determining if this applies to your agency, please refer to the Application Instructions Manual, page 15.

In the space below, please provide a brief description of your agency's inability to implement this project without federal assistance.

The Lompoc Police Department is not budgeted for hiring
of any additional personnel this budget period. Funds are not available currently to adequately fund a position
of this type. Grant funding is the only available means
to acquire this position.



II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Manager, or equivalent for government executives). Listing individuals without financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement	Executive's Nat	me: William F. Brown, Jr.
Title: Chief of I	Police Agency	Name: <u>Lompoc Police Depart</u> men
Address: 107 Civ	lc Center Pla	aza
City: Lompoc	State: <u>C</u>	A Zip Code: <u>93436</u>
Telephone: 805-7	36-2341	Fax: 805-735-8256
Email: b_Brown@	ci.lompoc.ca	.us
Time of Doline As	von erri	
Type of Police Ag Municipal		☐ County PD
☐ Sheriff*		•
-		ollege* (□ Public or □ Private)
		p* (please specify):
□Other* (please sp		
* Agency types with	an asterisk next to t	hem must complete the additional
questionnaire found	l in this Application	Kit, and submit it along with your
application.		
Government Exe	cutive's Name:	Frank Priore
		overnment EntityCity of Lompoc
Address: 100 Ci		
Address.		
City: Lompoc	State: CA	Zip Code: _93436
		805-736-5347
	edci lompoc	

Type of Government I State	ity wnship aeblo ouncil	Territory Nation		•	
Contact Information:					
Name of contact perso					
Sergeant Joe Ba	iley			············	
Title: Sergeant Telephone: 805-736-	.23/.1 🗜	805_735			
Email: J_Bailey@c	i.lompoc.	a.us	, 0250		•
•					
III. Partner Information	n				
partnership agreement with general educations note, you must de representative under provide the information ensuring that the appropriate of the provide the information of the provide the provide the provide the provide the partners are partners.	al oversight au esignate on the grant pr ion for the in opriate school ne proposed p general educa te the informa in the attached	athority withing school of cogram.** Individual that official attendational oversignation below. COPS in School	a that juriso official as in the space t will be as the mand an entire that over the In additionals	diction. Please s the school se below, please responsible for datory COPS in school district, ne entire school a, this individual g Requirement.	istrict
Name of Partner Ages School Official Name:					
Address: 1301 Nor				rincendent—oi.	SCHOOLS
City: Lompoc	State: _	CA Zip	 Code: _9	3436	
Telephone: 805-736					
Email: **If there are multiple part. for each of the partners on to However, only one school of	be attached "Ada	litio <mark>nal Part</mark> ner P	age" included	with this application.	

U.S. Department of Justice

Office of Community Oriented Policing Services



COPS in Schools/SSHS 2002 Budget Information

Applicant Legal Name: __ Lompoc Police Department

ORI Code (Assigned by FBI): C A 0 4 2 0

time officer positions. Your agency is required to list the entry-level salary and fringe benefits for an officer position within your agency. The maximum federal you are requesting funds for full-time officer positions, Parts II and III if you are requesting part-time officer positions, and all three parts if you are requesting full and part-This worksheet will assist your agency in properly organizing and estimating your costs and providing the necessary details for financial review. Complete Parts I and III if funding permitted per full-time officer position through the CIS program is \$125,000. All budget figures should be rounded to the nearest whole dollar.

"he budget information you provide will be used to calculate your grant amount. Assistance in completing this information is available from the U.S. Department of Justice

OMB Approval Number: 1103-0027 .:sponse Center at 1.800.421.6770.

Part I: Complete if your agency is requesting full-time officers

Instructions:

Please indicate the Law Enforcement Agency's cost for each of the following categories. Please do not include employee contribution costs.

Total Fringe Benefits Total Year 1 Salary and Benefits	Annual Fringe Benefits: *Please refer to Part III, Question 4. *Social Security *Medicare *Medicare Health Insurance *Life Insurance Vacation Sick Leave Retirement *Worker's Comp. *Unemployment Ins. Other Dental Other LT Disability; 639	1. Cost Per Full-Time Officer - Year 1 Current Annual Entry-Level Base Salary \$ 45,027 .00
\$ 20,308 .00 \$ 65,33500	\$ 0.00 \$ 653.00 \$ 5915.00 \$ 105.00 \$ 2268.00 \$ 2722.00 \$ 1954.00 \$ 1954.00 \$ 879.00 \$ 879.00	\$ 45,027 .00
	1.45 % 1.45 % 13.1 % 5.0 % 6.0 % 11.3 % 4.3 % 1.9 % 1.4 %	% of base salary
Sum of department fringe benefit costs for Year 1. Year 1 base salary plus Year 1 fringe benefits.	Cost for Social Security may not exceed 6.2%. If exempt check here Costs for Medicare may not exceed 1.45%. If exempt check here Costs toward health insurance coverage; please indicate if this is for Family Coverage Yes No Costs toward life insurance coverage. Vacation costs, if not included in base salary. # of hours annually: 80 Sick leave costs, if not included in base salary. # of hours annually: 96 Contribution to retirement benefits. Costs of worker's compensation. (See Part III, Question 4) Costs of unemployment insurance. (See Part III, Question 4) Costs of equipment, training, uniforms, vehicles and overtime are not permitted.	Enter the base annual salary that your department currently pays a new, entry-level officer.

2. Cost Per Full-Time Officer - Year 2

Total Fringe Benefits \$ 21,619 .00 Sum of department fringe benefit costs for Year 3. Total Year 3 Salary and Benefits \$ 71,261 .00 Year 3 base salary plus Year 3 fringe benefits.	\$ 0 00 0 % Cost for Social S 720 00 11.45 % Cost for Medicar S 5915 00 11.9 % Costs toward heavy for Family Covers 10.5 00 4.9 % Vacation costs, if \$ 2472 00 4.9 % Sick leave costs, if \$ 2966 00 5.9 % Sick leave costs, if \$ 2154 00 4.3 % Costs of worker \$ 879 00 11.7 % Costs of unempl \$ 879 00 11.4 % are not permitty	3. Cost Per Full-Time Officer - Year 3 Course Annual Entry-Level Base Salary \$ 49,642 .00 % of base salary Enter the base annual salary that you	Total Fringe Benefits \$20,94800 Sum of department fringe benefit costs for Year 2. Total Year 2 Salary and Benefits \$68,22600 Year 2 base salary plus Year 2 fringe benefits.	\$ 105002 % \$ 236800 5.0 % \$ 284100 6.0 % \$ 535100 11.3 % \$ 205200 4.3 % billit \$ 67100 1.8 %	Annual Fringe Benefits: *Social Security *Medicare Health Insurance \$ 0 0 0 % Cost for Social Security may not exceed 6 1.44 % Cost for Medicare may not exceed 1.45% 12.5 % Costs toward health insurance coverage;	Current Annual Entry-Level Dase Salar) & This is the state of the stat
ent fringe benefit costs for Year 3. ary plus Year 3 fringe benefits.	pays a new, entry-level officer in the third year of service. Cost for Social Security may not exceed 6.2%. If exempt check here Cost for Medicare may not exceed 1.45%. If exempt check here Costs toward health insurance coverage; please indicate if this is for Family Coverage Yes No Costs toward life insurance coverage. Vacation costs, if not included in base salary. # of hours annually: 80_Sick leave costs, if not included in base salary. # of hours annually: 96 Contribution to retirement benefits. Costs of worker's compensation. (See Part III, Question 4) Costs of unemployment insurance. (See Part III, Question 4) Costs of equipment, training, uniforms, vehicles and overtime are not permitted.	Enter the base annual salary that your department currently	nt fringe benefit costs for Year 2. ry plus Year 2 fringe benefits.	for Family Coverage Yes INo Costs toward life insurance coverage. Vacation costs, if not included in base salary. # of hours annually:80 Sick leave costs, if not included in base salary. # of hours annually:96 Contribution to retirement benefits. Costs of worker's compensation. (See Part III, Question 4) Costs of unemployment insurance. (See Part III, Question 4) Costs of equipment, training, uniforms, vehicles and overtime are not permitted.	Cost for Social Security may not exceed 6.2%. If exempt check here I Cost for Medicare may not exceed 1.45%. If exempt check here I Costs toward health insurance coverage; please indicate if this is	pays a new, entry-level officer in the second year of service.

					EG	E O V	
APPLICATION FOR						OMB Approval	
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant	dentifiet N	2 4 2002	
		May 3, 200)2		0011	Z 4 ZUUZ	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State App	lication Ident	ifier	
Application X Construction	Preapplication Construction	4 DATE RECEIVED BY	/ FEDERAL ACTUON	IST/	ATE CLE	ARING H	OUSE
Non-Construction	☐ Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal I	dentifier		
5. APPLICANT INFORMATION							
Legal Name:			Organizational Unit:	_			
Ducor Community Se Address (give city, county, State,	<u>Prvices District</u> and zin code):		Special Dis	strict			
P.O. Box 187	and 219 0000/.		Name and telephone this application (give a	number of	person to be	contacted on ma	atters involving
Ducor, CA 93218			Judy Duncan	559/53		or	
6. EMPLOYER IDENTIFICATION	I NUMBER (EIN):		Anna Scofiel 7. TYPE OF APPLICA	ld 559/ ANT: (enter	<u> 651–100</u>	O ext. 65	58
77 - 02 54	861		A. State		endent School	"	
8. TYPE OF APPLICATION:			B. County			tution of Higher	· Learning
X New	☐ Continuation	Revision	C. Municipal D. Township		University		·
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	K. Indian L. Individi			
A 1 A		J []	F. Intermunicipal		Organization		
A. Increase Award B. Decr D. Decrease Duration Other(s	rease Award C. Increase epecify):	e Duration	G. Special District	N. Other	(Specify)		
			9. NAME OF FEDER				
			US Dept. of				
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE N	Isanim.	Rural Deve	,			
Emergency Communit	y Water		11. DESCRIPTIVE TO DUCOR Emerg				
Assistance Grant	Į	1 0 - 7 6 3	Çonstructio		***************************************		vetom
TITLE: 12. AREAS AFFECTED BY PRO	JECT (Cities Counties Sta	ites etc.):	- improvement	ts to s	supply w	ater to	the
Ducor CSD, Tulare	County , Califo	rnia	community.				
13, PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF				· · · · · · · · · · · · · · · · · · ·	
			am Thomas				
	a. Applicant		b. Project				
6/1/02 8/1/02 15. ESTIMATED FUNDING:	21			21	TO DELUCIO		
	•		16. IS APPLICATION ORDER 12372 PR		TO REVIEW	BYSTATEEX	ECUTIVE
a. Federal	\$	00	1				
b. Applicant	\$	00,000	a. YES. THIS PREA				
			PROCESS			UTIVE ORDER	12372
c. State	\$	oc	date <u>Ma</u>	y 3, 2	002		:
d. Local Weill Familiation	\$	3 000		-			
e. Other	\$	3,000	b. No. ☐ PROGRA ☐ OR PRO			IY E. O. 12372 SELECTED BY	
f. Program Income	ф.	00	FOR REV				
_	\$	•	17. IS THE APPLICA	NT DELING	QUENT ON A	NY FEDERAL I	DEBT?
g. TOTAL	\$	03.000	Yes If "Yes,"			_	X No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	/LEDGE AND BELIEF, ALI AUTHORIZED BY THE GO	L DATA IN THIS APPLIC VERNING BODY OF TH	ATION/PREAPPLICAT E APPLICANT AND TH	ION ARE	TRUE AND C	ORRECT, THE	E THE
 Type Name of Authorized Repr 	esentative	b. Title		c. Telepho	one Number		
<u>Grace Castillo</u>		<u>President</u>		559/5	34-2789		
J. Signature of Authorized Repres	egitarive 20			e. Date Si	gned M	M1 7 3	2002
Previous Edition Usable				<u> </u>	Standard Fo	rm 42 4 (Rev. 7	
Authorized for Local Reproduction	1					y OMB Circular	

	CATION F	
04/25/2002	02:47	559-757-3410

APPLICATION FOR				IN EER CONTROL
FEDERAL ASSISTAN	STOAL APPLOTANCE 2 DATE SUBMITTED		-2-	Application and the second
	· · · · · · · · · · · · · · · · · · ·	H. 26-0		514 4 5 100 0 0 0 10 0 10 2 24 4 2 2002 ; 1
1. TYPE OF BUSINISSION: Application	Presperontion			
Cenatruction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction 5. APPLICANT INFORMATION	Non-Commission	<u> </u>	A. 11.51	STATE COLLARSING HOUSE
- Carrier Comments			Organizational Unit:	
TEVISTON	BETERMENT!	ASSOCIATION	COMMUN	// V number of person to be contacted on matters involving
Address (give city, county, State, 12-923 AVE 80	PO BOK T	•	HIS MODICATION ON A	glunp Bailey
TEVISTON, TULARE	= Co, CA 452	56 _{/E'.}	659.767	SISI KILI B NT: (enter appropriate letter in box)
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	N
77-0563	101214		A. State	H. Independent School Dist. J. State Controlled institution of Higher Learning
a. TYPE OF APPLICATION:	· · · · · · · · · · · · · · · · · · ·		is, County C. Municipal	J. Private University
□ Now	Continuation	Révision	1), Township	K. Indian Tribe
if Revision, enter appropriate lett	er(s) in box(es)		E. Interetatio	L. Individual
<u>_</u> _	<u></u>		(*, intermunicipal (3, Special District	M. Profit Organization Non Profit N. Other (Specify) Non Profit
A. Increase Award B. Dec D. Decrease Duration Offer()	reese Award — C. Increes specify:	e frances		
	-F 2 /-		1. NAME OF FEDER	L. AGENCY:
				an Housing Services
10 CATALOG OF FEDERAL DE	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT!
		10-766	CONSTRUCT	ADA occessible
TITLE COMMUI	VITY FAILUTIES		DAVED PAY	king for for
TITLE: COMMUI	OJECT (CHes, Counties, St	utes, etc.):	COMMANIALITY	1 FACILITY
TEVISTON, T			Districtor	(1)2001/
13. PROPOSED PROJECT	14. CONGRESSIONAL D			
Start Date Endlog Date	a. Applicant	a Chancal	b. Project	00 (A . W.) DOOL FI
5 2002 6 2002	" Applicant Vict 2	O, CAIVIIILOOK	DISTRICT	20, GALVIN DOOLEY
15. ESTIMATED FUNDING:			ORDER 12372 P	
a. Federal	3 27 56	<u>-7</u>		APPLICATION/APPLICATION WAS MADE
	37,56		LYES, THIS PRE	E TO THE STATE EXECUTIVE ORDER 12372
b. Applicant	54420)	9500563	end seview on:
c. State	\$	•	DATE	1/26/02
d. Local	8			
			b. No. [] PROGR	IAM IS NOT COVERED BY E. O. 12372 DORAM HAS NOT BEEN SELECTED BY STATE
e. Other	\$,•••	FOR RE	
f. Program Income	\$		CLIN THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEST?
g. TOTAL	\$ 58 823	7	, 	attach an explanation.
DOCUMENT HAS BEEN DUL	WLEDGE AND BELIEF, A	LL DATA IN THIS APPLI SOVERHING BODY OF T	GATION/PREAPPLICA HE //PPLICANT AND	NTON ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES II			Baron Drama	a Telephone Number 2121 1119
ALFRED KIN	V 65	EXECUTIVE	BOARD PRES,	659.757.3131 ALL 8
d. Signature of Authorized Rep	resignatione			4.26.02
Previous Edition Usable				Stendard Form 424 (Rov. 7-97) Prescribed by OMB Circular A-102

- Authorized for Local Reproduction

, · č

Application 1	ror Fe	dera			E PMB Approve Nor 1948-0043
Assistance		,	2. Date Submitted (m	nm/dd/yyyy)	Applicant Identifier No. 0348-0043
			/		
1. Type of Submission	n	Pre-application	3. Date Received by	/ State (mm/dd/yyyy)	State Application Identifier 2002
Construction		Construction		Federal Acency (mm/dd/yyyy)	Federal Identifier
Non-Construct		Non-Construct	ion /	<u> </u>	STATE CLEARING HOUSE
5. Applicant Informatio Legal Name	n			Organizational Unit	
Legal Ivanio	Poplar C	hamber of Comm	erce		
Address (give city, count P.O. Box 3386 Poplar, CA 932 Tulare County		nd zip code)		Name and telephone number application (give area code) Mike Clark (559) 784-	
6. Employer Identification	on Number	(EIN) (xx-vyvyyyy)		7. Type of Applicant (en	iter appropriate letter in box)
7 7 - 0	5 1	4 0 9 3		A. State	J. Private University
B. Type of Application:		-		B. County C. Municipal	K. Indian Trìbe L. Individual
New	Continu	ation Revision	n .	D. Township	M. Profit Organization
	er annton	riate letter(s) in box	(es):	E. Interstate F. Inter-municipal	N. Nonprofit O. Public Housing Agency
		**		G. Special District H. Independent School D	P. Other (Specify)
A. Increase A D. Decrease D			C. Increase Duration	I. State Controlled Institut	tion of Higher Learning
D. D. G. C.		(-4,	•	9. Name of Federal Agency	Rural Housing Service
10. Catalog of Federal I	Damostic A	ecintarica Mumber (x	r.vvv)	11. Descriptive Title of App	
10. Catalog of Federal I	Domestic A	35iStatice Number (A		•	mmunity building in Poplar
Title: Commun	ity Facili	ties Grants			
				_	
12. Areas Affected by F Poplar, Tulare Co			c.)		
13. Proposed Project			4, Congressional Districts	of	
Start Date (mm/dd/yyyy)	, ~		. Applicant	21 st	b. Project 21st
02 / 01 / 2002 15. Estimated Fundi		31/2002	*		ect to Review by State Executive
				Order 12372 Proces	ss?
a. Federal	\$	-	20,000 .0	a Yes This pre-a	pplication/application was made available to the Order 12372 Process for review on:
b. Applicant	\$		5,000 ^{.0}	O State Executive	•
c. State	\$		40,000 ^{.0}	Date (mm/dd/w	yy) 0 4 / 1 9 / 2 0 0 2
d. Local	\$.0	h No Progra	m is not covered by E.O. 12372
e. Other	\$.0	ar Progra	m has not been selected by State for review.
			0.		elinquent on Any Federal Debt?
f. Program Income	\$. 			Yes If "Yes,"	attach an explanation 🔀 No
g, Total	\$	1 [65,000 .00	1	true and correct, the document has been dul
18. To the best of authorized by the	my know governina	neage and beliet, body of the appl	an data in this applicanicant and the applican	it will comply with the atta	ched assurances if the assistance is awarded
a, Typed Name of Auth	orized Repr	esentative	b. Title		c. Telephone Number (include Area Code)
	Michael	D, Clark		Pr sident	e. Date Signed (mm/dd/yyyy) // , ,) , , , , , , , , , , , , , , ,
d. Signature of Authoriz	red Represe	De Cloub			710000
Previous Edition Usa Authorized for Local	able Reproduc	tion	* 4		form SF-424 (7/97 Prescribed by OMB Circular A-10
Addition 1200 101 Eucol	, toprount	· · · · · · · · · · · · · · · · · · ·		•	

APPLICATION FOR				1 4 - 15 4 1 415	
FEDERAL ASSISTAL	NCE .	2. DATE SUBMITTED		Applicant Identifier	7 []
	, ,			1) 1 1	<u></u>
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier	
Application	Preapplication	`		1111 1111 2 1 21	002 년 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
X Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION				DEATE OF EADING	HOHSE
Legal Name:			Organizational Unit:	STATE CLEARING	3 11000L
London Community	Services Distr	<u>ict</u>			atad an mattern involving
Address (give city, county, State,	and zip code):		this application (give a	number of person to be contact	Med ou matters involving
37835 Kate Road	•		1		00 7000
Dinuba, CA 936.	L8	:	James H. We	egley 559//	32-7938
			7 TYPE OF APPLICA	NT: (enter appropriate letter i	in box)
6. EMPLOYER IDENTIFICATION				· · · · · · · · · · · · · · · · · · ·	G
777-0024	1 1 9		A. State	H. Independent School Dist.	121
B. TYPE OF APPLICATION:	· · · · · · · · · · · · · · · · · · ·		B. County	I. State Controlled Institution	
1		Revision	C. Municipal	J. Private University	
X New	Continuation	1 Nevision	D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)	7	E. Interstate	L individual	•
		لسية ا	F. Intermunicipal		
	ease Award G. Increas	e Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(s	pecity):	Mestativa (m. 1944)	9. NAME OF FEDERA	N ACENCY.	
e de la companya de			9. NAME OF FEDERA	L AGENOT:	
	· · · · · · · · · · · · · · · · · · ·		HSDA Rural	Development	factors and the second
			į		
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJ	ECT:
		10-766		•	• •
	y Facilities Gr	ant	Remodel of	District office.	
12. AREAS AFFECTED BY PRO	JECT (Cities Counties St	Bles etc.	╣ .		•
•					
London, Tulare C	ounty				•
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			
	a. Applicant		b. Project 20th		
7/1/02 2/1/02	20th				
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY S	TATE EXECUTIVE
· -	•		ORDER 12372 PR	OCESS?	
a. Federal	\$	86			
		,750 · · ·	=	PPLICATION/APPLICATION	
b. Applicant	\$	~ · ·		TO THE STATE EXECUTIVE	E OHDER 123/2
- 81-6		,250 <u> </u>	PHOCESS	FOR REVIEW ON:	
c. State	\$		DATE Am	ril 23, 2002	
d. Local	\$. 00	1 2015 - 1	-	•
	•	•	b. No. TI PROGRA	M IS NOT COVERED BY E.	O. 12372
e. Other	\$			RAM HAS NOT BEEN SELE	
	· · · · · · · · · · · · · · · · · · ·		FOR REV	IEW	
f. Program income	\$:
			17. IS THE APPLICAN	IŢ DELINQUENT ON ANY FE	EDERAL DEBT?
g. TOTAL	\$	00		ittach an explanation.	X No
		,000		i i	
18. TO THE BEST OF MY KNOW					
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF TH	E APPLICANT AND TH	E APPLICANT WILL COMPI	_Y WITH THE
ATTACHED ASSURANCES IF T				₩ -1	
a. Type Name of Authorized Repre	sentauve	b. Title Presiden	t l	c. Telephone Number	
Dorothy Castro G. Sign Mulispi Aufmorized Aepres	antativa			559/591-5142	
NULTUI / A.S.	11)			e. Date Signed	•
Previous Edition Liedble	w			- / L / UL	

Authorized for Local Reproduction

		· ·			
•		·	•	JEGEIV	<u>[</u> [n]
				114	
	•		,	IIIN 20MB AP	proval No. 0348-0043
APPLICATION FOR	ion	2. DATE SUBMITTED		Applicant Identifier	
FEDERAL ASSISTAL	VCE		•		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED E	Y STATE	STATE WLEARING	HOUSE
Application	Preapplication		W. TEREBAL AGENCY	Federal Identifier	
X Construction	Construction	4. DATE RECEIVED E	Y FEDERAL AGENCY	1 Court recommen	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:		,	Organizational Unit:		
Woodville Public	Utility Distri	<u>ict</u>	Name and telephone	number of person to be contacte	d on matters involving
Address (give city, county, State,	and zip code):		this application (give	area code)	
P.O. Box 4567	93258-4567		Ralph Gutie	errez 559/686 eglev 559/732	.)
., = -			7. TYPE OF APPLIC	ANT: (enter appropriate letter in	
6. EMPLOYER IDENTIFICATION					G
9 4 - 1 5 4 5	6 5 2		A. State B. County	H. Independent School Dist. I. State Controlled Institution of	f Higher Leaming
B. TYPE OF APPLICATION:	e de la companya del companya de la companya del companya de la co	- novieten	C. Municipal	J. Private University	
X Nev	v Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate let	ter(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
A. Increase Award B. Dec	crease Award © Increa	se Duration	G. Special District	N. Other (Specify)	
M. 1101010000	(specify):		9. NAME OF FEDER	AL ACENCY:	
		:	9. NAME OF FEDER	AL AGENOT.	
			USDA Rural	L Development	
1D. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE I	NUMBER:	11. DESCRIPTIVE T	TTLE OF APPLICANT'S PROJE	CT:
10. CATALOG OF PEDERAL D	OMESTIC ROSIOTATE	10 - 766			
			Expansion	to District Office	a
TITLE: Communit	ty Facilities G	itanu itales, etc.):		**	
,					
Woodville, Tula	14. CONGRESSIONAL D	DISTRICTS OF:			
13. PHOPUSED PROJECT	(4. CONGRESSIONAL			-	
Start Date Ending Date	a. Applicant		b. Project 20th		
7/1/02 12/1/02 15. ESTIMATED FUNDING:	20th		16. IS APPLICATIO	N SUBJECT TO REVIEW BY S	FATE EXECUTIVE
15. ESTIMATED TONOMIC.			ORDER 12372 F		
a. Federal	\$	× 000	VEC THIS DE	EAPPLICATION/APPLICATION	WAS MADE
- Annings	00	3,000 ∞	AVAILAB	LE TO THE STATE EXECUTIVE	ORDER 12372
b. Applicant		2,000	PROCES	S FOR REVIEW ON:	
c. State	S	.00	DATE	April 17, 2002	
d. Local		<u>.</u> ∞		-	
o, Loca	<u> </u>		b. No. D PROG	RAM IS NOT COVERED BY E. C). 12372
e, Other	s	Jana da		OGRAM HAS NOT BEEN SELE EVIEW	CIED BY STATE
// Dance Income	15	. 1 5 C − . 11 S −		CAIP!	•
f. Program Income			17. IS THE APPLIC	ANT DELINQUENT ON ANY FE	DERAL DEBT?
g. TOTAL	\$		Yes If "Yes.	," attach an explanation.	X No
18 TO THE REST OF MY KNO	TZ(0,000 ALL DATA IN THIS APP	I ICATION/PREAPPLIC	ATION ARE TRUE AND CORR	ECT, THE
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT AND	THE APPLICANT WILL COMP	LY WITH THE
ATTACHED ASSURANCES II	F THE ASSISTANCE IS AV	WARDED.			
a. Type Name of Authorized Re	presentative	b. Title	on f	c. Telephone Number 559/686-9649	
Armando Lopez d. Signature di Authorized Repi	resentative	Presid	CILC	e. Date Signed	
armore				1 4-16-02	
Previous Edition Usable	D			Standard Form 42	≟4 (Rev. 7-97)

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR				₽	Approvat-No. 6848-0043
FEDERAL ASSISTANCE 2. DATE SUBMITTED				Applicant Identifier 5	
FEDERAL ASSISTA	MOL .	June 2	21, 2002		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B		State Application Identifier	4 2002 世 1
Application	Preapplication			July 2	+ 4004
Construction	☐ Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				TINICE!
5. APPLICANT INFORMATION				STATE CLEAR	KING MUUOL
Legal Name:	randra de la composição d La composição de la compo		Organizational Unit:	rcata House	
	ta House, Inc		1		natad na vanitava invektina
Address (give city, county, State			this application (give	number of person to be conta	icted on matters alvolving
	12th Street, Sui	te E	1		-822-4528
Arca	ta, CA 95521		Kare	in Olbon 707	-022-4520
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLIC	ANT: (enter appropriate letter	in box)
94-316	3 2 6 9				N
			A. State	H. Independent School Dist	
8. TYPE OF APPLICATION:			B. County	State Controlled Institution J. Private University	n of Higher Learning
Ne	w Continuation	Revision	C. Municipal D. Township	K. Indian Tribe	
If Revision, enter appropriate let	ter(s) in box(es)		E. Interstate	L. Individual	
It Revision, enter appropriate let	201(0) 111 203(00)		F. Intermunicipal	M. Profit Organization	•
A. Increase Award B. Dec	crease Award C. Increase	Duration	G. Special District	N. Other (Specify) No	on Profit org.
D. Decrease Duration Other	(specify):				,
		•	9. NAME OF FEDER		
	<u> </u>		HOD		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE T	ITLE OF APPLICANT'S PRO	JECT:
		14-249	Support fo	or the operation	of a
	سا		6 bedroom	transitional hou	ıse.
	um of Care: Supp		3		
12. AREAS AFFECTED BY PRO		es, etc.):			
Arcata	, CA				•
13, PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:	1		
			-		
Start Date Ending Date	a. Applicant		b. Project	irst (CA)	
9/30/02 9/30/05	First (CA)				OTITE EVENITUE
15. ESTIMATED FUNDING:	•			SUBJECT TO REVIEW BY	STATE EXECUTIVE
	T.A.	-00	ORDER 12372 P	ROCESS?	
a, Federal	\$ 145,000	•	. VES THIS DOE	APPLICATION/APPLICATION	N WAS MADE
h Analisant	\$	00	1	E TO THE STATE EXECUTIV	
b. Applicant	75,000	•	, , , , ,	FOR REVIEW ON:	
c. State	\$.00			
	90,000		DATE	6/21/02	
d. Local	\$ 25,000	,00			
				AM IS NOT COVERED BY E.	
e. Other	\$.00	I —	GRAM HAS NOT BEEN SELE	ECTED BY STATE
	8,000	00	FOR RE	VIEW	
f. Program Income	\$.	•	47 10 THE ABBLICA	INT DELINQUENT ON ANY F	CHEDAL DERTY
	<u> </u> \$	60			
g. TOTAL	343,000	•	Yes If "Yes,"	attach an explanation.	☐ No
18. TO THE BEST OF MY KNOW		DATA IN THIS APPLICA	ATION/PREAPPLICA	TION ARE TRUE AND CORF	RECT, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GOV	ERNING BODY OF THE	APPLICANT AND T	HE APPLICANT WILL COMF	LY WITH THE
ATTACHED ASSURANCES IF					
a. Type Name of Authorized Repr	resentative t	o. Title	_	c. Telephone Number	
Karen L. Olso		Executive D	irector	707-822-4528	
d. Signature of Authorized Repres		w		e. Date Signeti	•
my kare	n V JM	· ·		Standard Form 42	5
Previous Edition Usable				Standard Form 42	<u> </u>

17

Authorized for Local Reproduction

Prescribed by OMI

applicati Federal A			. DATE SUBMITTED	and the second s	April rent identifier		
he e		(Saller Saller	DATE NEDZIYAL 8/		State Application Identifier		
Non-Construt	2362 (D MG)	Gods ruction	. DATA RECENES E /	र्विधित्वका, व्यवस्थात	Rederal Identifier		
Laca Nama: Maripo	sa Count		MATERIAL I TO NO POTATO A CAMPANIAN A TARRAN NINGGA ENGA	Cryanizational Uni Departme	ent of Public	Works	
STATE CLER	RING HOU	Section:		this application (g	ve area code) -	contacted on matters involving	
ž	sa, Ca 9				J. Petropulos 966-5356		
a. EMPLOYER IDENTIF	FICATION NUMBER	(EIN):	8 8 0	7. TYPE OF APPLICA	NHT: (enter appropriate letter H. Independent S		
3. TYPE OF APPLICAT		1010101		B. County C. Municipal D. Township	 I. State Controlle J. Private Univer K. Indian Tribe 	d Institution of Higher Learning sity	
Mew Continuation Revision If Revision, enter appropriate letter(s) in box(as):			E. Interstate L. Individual F. Intermunicipal M. Profit Organization				
A. Increase Award B. Decrease Award C. Increase Buration			G. Special District N. Other (Specify): 3. NAME OF FREERAL AGENOY:				
			·	US Depa	rtment of Agri	.culture	
10. CATALOG OF FED: ASSISTANCE NUM	22h	1 0 8	7 6 0		LEOFAPPLICANTS PROJECT: Ction of Mixed	Solid Waste	
TILE: Water and Waste Disposal Loan and Grant Program				ing Facility	DOLLG Waste		
12. AREAS AFFECTED	DY PROJECT (citie.	s, counties, states, et	c. <i>)</i> :				
Mar	iposa Co	unty			was a manufactur on whiteleting the following management has been assured the filled		
13. FROPOSED PROJE Start Date	Ending Deta	14. CONGRESSIONA a. Applicant	L DISTRICTS OF:		: b. Project	7	
03/03	02/04	19th Dis	trict		19th Distric	t	
18. ESTIMATED FUNDIN		710 000	- !		Y BY STATE EXECUTIVE ORDER		
a. Federal	1,	712,000.ca			WAPPLICATION WAS MADE A DER 12372 PROCESS FOR F		
o. Applicant	\$	500,000 ···	DA	TE June	18, 2002		
c State	3	.00	b NO.	PROGRAM IS NOT	COVERED BY E 0 12373		
d Local 8 .00		OR FROGRAM HAS NOT BEEN SELECTED BY STATE FOR FEMEW					
e Other	3	.00					
f. Program Income \$ 4,978,869.00 17. IS THE APPLICA				ANT DELINGUENT CN	any federal desty		
g TOTAL	s 7,	190,869.00	Yes li	"Yes," attach an exp	lanation.	🔀 No	
					RUE AND CORRECT, THE EXCOUNT ATTACKED ASSURANCES IF THE		
	J. Petro	pulos	i	Title Public W	orks Director	c. Telephone number (209) 966-5356	
d Signature of Autho	rized Representati	·· HODA	la			e Date Signed	
Fravious Ecitions Not	Jaabie ()				S P:	Tandard Forh 424 (REV 4-88) ascribed by Grid Griduar A-102	

APPLICATION FOR				OMB Approval No. 0348-0043
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier
	warmer and the second s	<u>June 13, 20</u>		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction	4. DATE RECEIVED BY	1 LULIVAL AGENOT	T ederas Identifies
5. APPLICANT INFORMATION				
Legal Name:			Organizational Unit:	
El Pajaro Commu Address (give city, county, State,		ment Corp.	Nama and Interhone	number of person to be contacted on matters involving
23 E. Beach St			this application (give a	rea code)
Watsonville, C			Ginger McN	Nallý, Executive Director 22-1224
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	ANT: (enler appropriate letter in box)
94-2656	0 4 8		A. State	H, Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
⊠ New	Continuation	Revision	C. Municipal	J. Private University
1	-	<u> </u>	D. Township	K, Indian Tribe L, Individual
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate F. Intermunicipal	M. Profit Organization
A. Increase Award B. Dec	rease Award C. Increas	e Duration		N. Other (Specify) Non profit
D. Decrease Duration Other(specify):		Community	Development Corp.
			9. NAME OF FEDÉRA	alagency: tates Dept Of Agriculture
		, ,	Rural Bu	siness-Cooperative ser.
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	<u> </u>	TLE OF APPLICANT'S PROJECT:
TO. ONTALOG OF TESEIOLES		10-773		
	Ì			usiness Incubator
TITLE: RBog 12. AREAS AFFECTED BY PRO	DIECT/Cities Counties St	ntoe atal:	without	Walls
II.	•			
Monterey Coun	cy in carrior	II.a		1
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project	
10/1/029/30/03			Sam Farr	
15. ESTIMATED FUNDING:			· · · · · · · · · · · · · · · · · · ·	SUBJECT TO REVIEW BY STATE EXECUTIVE
		00	ORDER 12372 PI	ROCESS?
a. Federal	\$ 5	0,000	a YES THIS PRE	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$.∞	4	E TO THE STATE EXECUTIVE ORDER 12372
		0,000	PROCESS	FOR REVIEW ON:
c. State	\$.**	DATE	
d. Local	\$	<u>.</u>	1	
·			b. No. 🛘 PROGR	AM IS NOT COVERED BY E. O. 12372
e. Other	\$.00	1	GRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income	\$	∞	FOR RE	AIEAA
n, Program ricome	3	•	17. IS THE APPLICA	INT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 100	2000.	Yes If "Yes,"	attach an explanation. No
				TION ARE TRUE AND CORRECT, THE
Į.			E APPLICANT AND T	THE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Re		b. Title		c. Telephone Number
ginger McNally	7	Executive I	Director	(831) 722-1224
d. Signature of Authorized Repri	esentative	14400	the control of the co	e. Date Signed
evious Edition Usable	yw/	TO E C		6/13/02 Standard Form 424 (Rev. 7-97)
Authorized for Local Reproducti	on			Prescribed by OMB Circular A-102
		lln\\	2000	
			1 7 2002	<u> </u>
		1 1	į.	
			ARING HOUS	

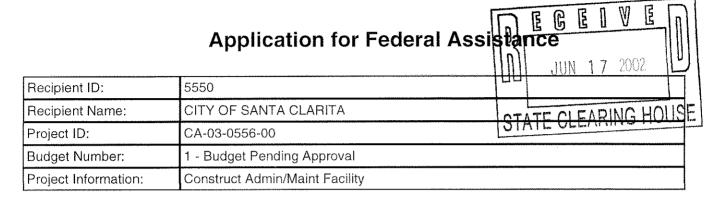






U.S. Department of Transportation

Federal Transit Administration



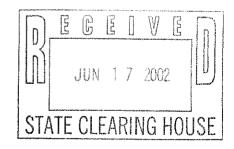
Part 1: Recipient Information

Project Number:	ct Number: CA-03-0556-00				
Recipient ID:	5550				
Recipient Name:	CITY OF SANTA CLARITA				
Address:	23920 VALENCIA BLVD SUITE 300, SANTA CLARITA, CA 91355 0000				
Telephone:	(661) 294-2538				
Facsimile:	(661) 294-2517				

Union Information

Recipient ID:	5550
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369

Recipient ID:	5550		
Union Name:	AMALGAMATED TRANSIT UNION		
Address 1:	5025 Wisconsin Avenue NW		
Address 2:			
City:	Washington, DC 20016 4139		
Contact Name:	Leo Wetzel		
Telephone:			
Facsimile:	(202) 244-7824		



Recipient ID:	5550			
Union Name: INTERNATIONAL BROTHERHOOD OF TEAM				
Address 1:	25 Lousiana Avenue, NW			
Address 2:				
City:	Washington, DC 20001 0000			
Contact Name:	James Hoffa			
Telephone:				
Facsimile:	(202) 624-8780			

Recipient ID:	5550
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie McNelis
Telephone:	
Facsimile:	(216) 228-5755

Part 2: Project Information

Project Type:	Grant		
Project Number:	CA-03-0556-00		
Project Description:	Construct Admin/Maint Facility		
Recipient Type:	City		
FTA Project Mgr:	Ray Tellis		
Recipient Contact:	Bob Murphy		
New/Amendment:	None Specified		
Amend Reason:	None Specified		
Fed Dom Asst. #:	20500		
Sec. of Statute:	5309		
State Appl. ID:	None Specified		
Start/End Date:	Jul. 01, 2000 - Jun. 30, 2002		
Recvd. By State:			
•			
EO 12372 Rev:	YES		
	YES May. 02, 2000		
EO 12372 Rev:			
EO 12372 Rev: Review Date:	May. 02, 2000		
EO 12372 Rev: Review Date: Planning Grant?: Program Date (STIP/UPWP/FTA	May. 02, 2000 NO		

Gross Project Cost:	\$4,935,655
Adjustment Amt:	\$0
Total Eligible Cost:	\$4,935,655
Total FTA Amt:	\$3,948,524
Total State Amt:	\$0
Total Local Amt:	\$987,131
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	01-Aug-2000
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Urbanized Areas

UZA ID	UZA Name		
60020	LOS ANGELES, CA		

Congressional Districts

State ID	District Code	District Official
6	25	Howard P McKeon

Project Details

This application to fund the Transit Maintenance Facility project is the same project identified and described in grants CA-03-0534, CA-90-X936 and CA-90-Y068. The FY00 and FY01 Section 5309 funds included in this grant application will complete project design and begin construction. The TIP Project ID for the project is LA973022.

U.S. Department of Labor (DOL) Union Information:

The Amalgamated Transit Union (ATU) Local 1277 and the City of Santa Clarita (City) executed an agreement dated August 3, 1994. The Metropolitan Transportation Police Officers Association (TPOA) and the City executed an agreement dated August 29, 1994. The International Brotherhood of Teamsters (IBT) Local 911 and the City executed an agreement dated August 29, 1994. The IBT Local 572 and the City executed an agreement dated August 31, 1994. The Transportation Communications International Union and the City executed an agreement dated August 31, 1994. The United Transportation Union (UTU) and the City executed an agreement dated August 31, 1994. Each of these agreements provides to employees represented by the unions protections satisfying the requirements of 49 U.S.C, Section 5333 (b).

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
111-00 BUS - ROLLING STOCKLA973022	2	\$3,948,524	\$4,935,655
ACTIVITY			
11.41.03 ENG/DESIGN - ADMIN/MAINTENANCE FACILITY	1	\$236,000	\$295,000
11.43.03 CONSTRUCT - ADMIN/MAINT FACILITY	1	\$3,712,524	\$4,640,655
	Estimated To	tal Eligible Cost:	\$4,935,655
		Federal Share:	\$3,948,524

- P placement Application -

REVISED

APPLICATION FOR			TO E G GAD	lican Identifie	rovai No. 0346-0043
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED	10,500	il diameter	ļ
		3. DATE RECEIVED B	Y STIAME Şia	te Application Itahilfier	
1. TYPE OF SUBMISSION:	Preapplication		TIMUL JUN T	/ <u>/</u> 00/2 L	
Application X Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY Fed	deral Identifier	1
Non-Construction	☐ Non-Construction		I SEE OF THE	TING HOUSE	
5. APPLICANT INFORMATION			STATE CLEAR	KING LIOOOF	
Legal Name:			O[ganizational Date PI	UBLIC WORKS DEPA	RTMENT
CITY OF LAGUNA Address (give city, county, Stat	BEACH		Name and telephone num	ber of person to be contacted	on matters involving
			this application (give area	code) FRED SHAHID	
505 FOREST AVE	NUE 04 02651			(949) 497-0	345
LAGUNA BEACH,			7. TYPE OF APPLICANT	: (enter appropriate letter in b	ox)
6. EMPLOYER IDENTIFICATI					. C
95 - 6 0 0	0 7 2 9		A. State H.	Independent School Dist.	l Cohere Languina
8. TYPE OF APPLICATION:				State Controlled Institution of Private University	Higher Learning
□ N	ew Continuation	▼ Revision	O. (110)	Indian Tribe	
1	_		D. Tommer	Individual	
If Revision, enter appropriate l	Sites(2) in poy(e2)			, Profit Organization	
A. Increase Award B. D		ease Duration	G. Special District N	. Other (Specify)	
D. Decrease Duration Other	r(specify): **		9. NAME OF FEDERAL	AGENCY:	
			1		MOV (FDA)
CHANGING THE	PROJECT SCOPE	· · · · · · · · · · · · · · · · · · ·	ENVIRONMENTAL	PROTECTION AGE	NOT (ELA)
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	NIIMRER.	11. DESCRIPTIVE TITLE	E OF APPLICANT'S PROJE	CT:
10. CATALOG OF FEDERAL	DOWER HE WASSIR I WHOL			R LINES REHABILI	
		66 - 606	7 5005/02 PEME		
TITLE:					
12. AREAS AFFECTED BY P					
CITY OF LAGUNA	A BEACH - CALIF	ORNIA			
13. PROPOSED PROJECT	14. CONGRESSIONAL		th CONGRESSIONAL	DISTRICT	
SEWER REHAB.		471			
Start Date Ending Date	a. Applicant	GUNA BEACH	b. Project SEWER LINES	REHABILITATION	
July 2002 June 20	J3 CITI OF LA	GONA DEMON	16. IS APPLICATION'S	UBJECT TO REVIEW BY S	TATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 PRO		
a. Federal	S				WAS HADE
a, receiai	873,000		a. YES. THIS PREAF	PLICATION/APPLICATION TO THE STATE EXECUTIVE	WAS MADE CROER 12372
b. Applicant	\$ 707 000	,oc		OR REVIEW ON:	
	727,000				
c. State	3	•	DATERI	EVISED 6/10/02	,
d. Local	\$, .···			O 12272
		•	b. No. PROGRAI	M IS NOT COVERED BY E. RAM HAS NOT BEEN SELE	CTED BY STATE
e. Other	\$	•••	FOR REVI		
		90			
f. Program Income	\$	•	17. IS THE APPLICAN	IT DELINQUENT ON ANY F	EDERAL DEBT?
g. TOTAL	s			ttach en explanation.	🔼 No
1-	1,600,000				ECT. THE
18. TO THE BEST OF MY K	NOWLEDGE AND BELIEF	, ALL DATA IN THIS APP	PLICATION/PREAPPLICAT	ION ARE TRUE AND CORR	LY WITH THE
DOCUMENT HAS BEEN DO	JLY AUTHORIZED BY TH	E GOVERNING BODY OF	INC APPLICANT AND TH	E APPLICANT WILL COMP	
a. Type Name of Authorized		b. Title		c. Telephone Number	
KENNETH, FRANK	10	CITY MANAG	ER:	(949) 497-0704	
d. Signature of Authorized R	epiesentative h un?	11		e. Date Signed 6/11/0	2
1 /WM	epresentative Nem			Standard Form 4	

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION F	OR			OMB Approval No 0348-0043
FEDERAL ASSIS	TANCE	2. DATE SUBMITTED June 1	10, 2002	Applingant Wentille 15 1 V 15
1. TYPE OF SUBMISSION	:	3. DATE RECEIVED I	SY STATE	Sate Application Identifier 7 2002
Application	Preapplication		*	
Construction	Construction	1	BY FEDERAL AGENCY	Federal dentifier
Non-Construction	Non-Construc	etion		STATE CLEARING HOUSE
5. APPLICANT INFORMA Legal Name:	HON		Organizational Unit:	TOTALE CLEAKING HOUSE
State Center Co	nmunity College	District		University Center Export Program number of person to be contacted on matters involving
Address (give city, county,	state, and zip code): venue, Suite 250		this application (give a	
Fresno, CA 9371				Hansen (559) 241-6566
6. EMPLOYER IDENTIFIC	ATION NUMBER (EIN):			NT: (enter appropriate letter in box)
94-15	7 4 8 0 2			
			A. State	H. Independent School Dist.
8. TYPE OF APPLICATIO	V:		B. County	State Controlled Institution of Higher Learning
	New 🗹 Continuat	tion Revision	C. Municipal	J. Private University K. Indian Tribe
If Revision, enter appropris	to latter(e) in hav(ee)		D. Township E. Interstate	L. Individual
ii revision, enter appropri	te letter(s) in box(es)		F. Intermunicipal	M. Profit Organization
A. Increase Award	B. Decrease Award C.	Increase Duration	G. Special District	N. Other (Specify)
D. Decrease Duration	Other(specify):		·	
			9. NAME OF FEDERA	AL AGENCY:
			U.S. Dept. of Cor	mmerce, Economic Development Admin.
10. CATALOG OF FEDER	AL DOMESTIC ASSISTA	NCE NUMBER:	11. DESCRIPTIVE TIT	ILE OF APPLICANT'S PROJECT:
		1 1 - 3 0 3	University Center	r Export Program
				nmunity College District
	nic Development - Te		Technical Assista	ance - University Center Program
12. AREAS AFFECTED B	Y PROJECT (Cities, Coun	ties, States, etc.):		
See A	ttached Page			
13. PROPOSED PROJEC	T 14. CONGRESSIO	NAL DISTRICTS OF:		
Start Date Ending D	ate a, Applicant		b. Project	
7/1/02 6/30/	03	19th		3; 15-20; 37& 45
15. ESTIMATED FUNDIN) :		16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXECUTIVE COCESS?
a. Federal	\$	110,000	a. YES. THIS PREA	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$	40,000		TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		M IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income	\$, QO	FORREV	IEVV
			17. IS THE APPLICAN	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	150,000		attach an explanation. No
				ION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANC				
a. Type Name of Authorize Dr. Judith A.	d Representative	b. Title Chancello)r	c. Telephone Number (559) 226-0720
d. Signature of Authorized				e. Date Signed
				June 10, 2002

APPLICATION FOR cant IdenNier 7 2. DATE SUBMITTED FEDERAL ASSISTANCE November 19, 2001 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE EARING HOUSE Application Preapplication Construction X Construction 4. DATE RECEIVED BY FEDERAL AGENCY Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: Acton Waterline Community Improvement District Dept. of Public Works, County of Los Angele: Address *(give city, county, State, and zip code):* 900 South Fremont Avenue Name and telephone number of person to be contacted on matters in this application (give area code) Alhambra, California 91803-1331 José Pou. P.E. (626) 458 - 3962 or ipou@ladpw.org 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) 9 5 - 6 0 0 0 0 9 2 7 В A. State H. Independent School Dist. 8. TYPE OF APPLICATION: I. State Controlled Institution of Higher Learning B. County C. Municipal J. Private University X New Continuation Revision D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization A. Increase Award B. Decrease Award C. Increase Duration G. Special District N. Other (Specify) D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: U.S. Dept. of Agriculture (USDA) 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of water supply system, including Water & Waste Disposal Load & Grant 6 0 water distribution lines and storage tank (pleas TITLE: Pgram see attachments). 12. AREAS AFFECTED BY PROJECT (Cities, Countles, States, etc.): Acton, County of Los Angeles 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: congressional District 25 Start Date Ending Date a. Applicant b. Project 4/1/02 12/30/02 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal 3.500.000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant G. AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: c. State ÖÜ \$ DATE d. Local 00 \$ b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 e. Other 00 \$ ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. 3,500,000 X No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative c. Telephone Number Patrick V, DeChellis, P.E. Assistant Deputy Director (626) 458 - 3900 d. Signature of Kutherized Depresentative e. Date Signed Previous Edition Thatie

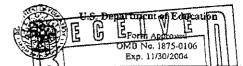
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043 APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE 06/14/2002 LOIC273 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: Regents of the University of California Center for Occupational and Environmental Health Address (give city, county, state, and zip code): Name and telephone number of the person to be contacted on matters involving this application (give area code) c/o Sponsored Projects Office David Garcia (Admin) (510)643-3391 336 Sproul Hall Katharine Hammond (Technical) (510)643-0289 University of California Berkeley, CA 94720-7360 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) 9 4 - 6 0 0 2 1 2 3 State H. Independent School Dist. 8. TYPE OF APPLICATION: В. County State Controlled Institution of Higher Learning Continuation Revision Municipal Private University C. n Indian Tribe Township K. If Revision, enter appropriate letter(s) in box(es): **F** Interstate Individual L. Intermunicipal M. Profit Organization A. Increase Award B. Decrease Award C. Increase Duration Special District N. Other (Specify): D. Decrease Duration Other (specify): 9. NAME OF FEDERAL AGENCY: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Shifting Risk in Environmental and Occupational Health Policy: Toward an Integrated Model of Regulation TITLE: Public Health Conference Grant Support 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Market Solve Land California and U.S. HIN 2 1 2002 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS OF: Start Date **Ending Date** a. Applicant b. Project STATE CLEARING HOUS 01/01/2003 05/31/2003 9th 9th 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 22,357.00 a. Federal YES, THIS PRÉAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. Applicant \$.00 DATE 06/14/2002 3 c. State 00 NO. PROGRAM IS NOT COVERED BY E.O. 12372 \$ d. Local .00 OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW e. Other \$.00 17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? f. Program Income S V No If "Yes," attach an explanation. g. TOTAL \$ 22,357.00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Typed Name of Authorized Representative c. Telephone number David Garcia Senior Research Administrator (510) 643-3391 d. Signature of Authorized Representative e. Date Signed .10前1年 2002

Application for Federal Education Assistance (ED 424)



		*				,	
Applicant Information 1. Name and Address				Organ	izational Unic	11 S MUI.	
	go State Unive	reity For	ındatlon	Organi			IOLICE
***************************************	mpanile Drive	ISILY FUL			STATE	CLEARING	1002F
					The same of the sa		
San Die City	go			CA San Die	<u>go</u>	92182 ZIP Code	- 1931 +4
2. Applicant's D-U-N-S Number	0 7 3 3 7	1 3	4 6	6. Novice Applicant	Ycs	⊠ No	
	1						. 17
3. Applicant's T-I-N 9 5	- 6 0 4 2		1.	7. Is the applicant delig		_	es 🖾 No
4. Catalog of Federal Domestic As.	اسيسياتا	3 1	5	8. Type of Applicant (E			
Tide: Capacity Bui	lding for Tradition	onally		A. State		olicge or University	
<u>Underserved</u>	Populations - F	Priority 4		B Local	H Private. I	Non-profit College (or University
5. Project Director: Bobb	ie J. Atkins, Ph.	D		C Special District	I Non-prot	ît Organization	
Address: 3590 Camino	o Del Rio North			D Indian Tribe		rofit-Making Organ	ization
San Diego	CA		108	E Individual	K Other (S)	pecify):	
City	State		Code + 4	F Independent Sch	ool		
Tel#: (619) 594-1	569 Fax #:	(619) 5	94-0991	Dis tr ict			
E-Mail Address: batkir	ns@mail.sdsu.e	du		_			
Application Information							
9. Type of Submission:				12. Are any research activ		uman subjects plann	ed at any time
— PreApplication	—Applica			during the proposed p	· · ·		
Construction		nstruction		Yes (Go to 12a)	_	(Go to item 13)	
☐ Non-Construction	⊠ No	n-Constructio	n	12a. Are <u>all</u> the resea the regulations?		posed desingated to	be exempt from
10. Is application subject to rev	view by Executive Or	der 12372 p	rocess?	Yes (Provid	Exemption(s) #	*):	
🔀 Yes (Date made available	to the Executive Order	12372		No (Provide	Assurance #. if a	ivailable:	
process for review):	<u>6/21/2002</u>	2					
No (If "No", check approp				13. Descriptive Title of			
Program is not cove	ered by E.O. 12372.			Project Success	: Capacity	Building for	
Program has not be	en selected by State for	review.		Minority Entities	and Indian	Tribes	-
	Start Date:	End I					
11. Proposed Project Dates:	10/1/2002	9/30/	<u>2005</u>				
Estimated Funding				d Representative Inf			
	s 225,000	.00.	15. To the be	st of my knowledge and be The document has been dul	lief, all data in the	is preapplication/ap	plication are true
L A _ 1		.00	the applicant	will comply with the attach	ed assurances if	the assistance is aw	arded.
b. Applicant	\$.00	- Authorica	d Representative (Please ty	ne ar arint nama	clearly)	
c. State	\$.00	-	e B. Feinberg, Ph.	-	стешту.)	
		-	b. Title	www.ionborg, in	· • • • • • • • • • • • • • • • • • • •		
d. Local	\$.00		e Vice President,	Res & Tecl	nnology	
							01004 4400
e. Other	\$.00	-	9)594-5938			9)594-4109
***************************************			d. E-Mail Ad	dress: lfeinberg@m	ail.sdsu.ed	u	
f. Program Income	\$.00	9	fen			
g. TOTAL	s 225,000	.00	c. Signature	of Authroised Representati	ve)		Date: 6 /24 / 02

SWA WATER QUALITY

				E P PMGAPRIPYS No. 17348-0043
APPLICATION FOR FEDERAL ASSISTA	NCE	2. DATE SUBMITTED 06/14/02	NATE	Applight Identified IS
1, TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Alophication Identifier 1 2002
Application Construction	Preapplication Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier
✓ Non-Construction	Non-Construction			STATE CLEARING HOUSE
5, APPLICANT INFORMATION			Organizational Unit:	
Legal Name: Sweetwater Authority			1	
Address (give city, county, State P.O. Box 2328 Chula Vista, CA 91912-			this application (give a	number of person to be contacted on matters involving rea code) , (619) 475-9047 extension 102
6. EMPLOYER IDENTIFICATIO	N NIMBER (FIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
	3 9 9	Revision	A. State B. County C. Municipal D. Township	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe
FL Kipi Cardo i arai a	crease Award C. Increa	se Duration	E. Interstate F. Intermunicipal G. Special District	L. Individual M. Profit Organization N. Other (Specify)
D. Decrease Duration Other	(specify):	· ·	9. NAME OF FEDER U.S. Environm	AL AGENCY: ental Protection Agency
10. CATALOG OF FEDERAL I	SAMEGING A SCICTANCE !	MIIMBED.	11 DESCRIPTIVE T	TLE OF APPLICANT'S PROJECT:
	Drinking Water Act Se	6 6 — 6 0 6 ection 1442 States, etc.):		itoring of air, water, and sediment ervoir operated by Sweetwater Authority
13. PROPOSED PROJECT	14. CONGRESSIONAL I	DISTRICTS OF:		
Start Date Ending Date 07/01/02 10/31/03	a. Applicant District 50) (Filner)		50 (Filner) and 52 (Hunter)
15, ESTIMATED FUNDING:			18. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 P	ROCESS?
a. Federal b. Applicant	\$ 500,000 \$	00	a. YES. THIS PRE	APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372
c. State	\$	œ	PROCESS DATE _0	FOR REVIEW ON:
d. Local	\$	_D0		AM IS NOT COVERED BY E. O. 12372
e. Other	\$	90		GRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income	\$	_db	17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 500,000	,00		'attach an explanation. V No
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUI ATTACHED ASSURANCES	Y AUTHORIZED BY THE	GOVERNING BODY OF	LICATION/PREAPPLICA THE APPLICANT AND	ATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
Type Name of Authorized R Dennis Bostad		b. Title Operations Mar	nager	c. Telephane Number (619) 420-1413
d. Signature of Authorized Rep	presentative			e. Date Signed

APPLICATION FOR				OMB Approval No. 0348-00
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		App Can de Puller C E I V E D
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier
Application Construction	Preapplication Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier JUN 2 1 2002
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION			10	OTATEOLEUM
Legal Name: LNTER NATIONAL A		. no .	Organizational Unit:	STATE CLEARING HOUSE
Address (give city, county, State	, and zip code):		1	number of person to be contacted on matters involvi
4450 South Las	ipina ot.		this application (give a	rea code) わいと
Tulace Count	. CA 02214	- 9539	559 688-1	
6. EMPLOYER IDENTIFICATIO		1001		NT: (enter appropriate letter in box)
	1416		A. State	H. Independent School Dist.
B. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
		Revision	C. Municipal	J. Private University
☑ Nev	w Continuation	[] Kevision	D. Township	K. Indian Tribe
f Revision, enter appropriate tetter(s) in box(es)			E. Interstate	L. Individual
	1		F. Intermunicipal	M. Profit Organization
1		se Duration	G. Special District	N. Other (Specify) Non-ProFiT
D. Decrease Duration Other	(specify):		O MANE OF PEDERA	II ACENCY.
			9. NAME OF FEDERA	AL AGENCT:
				- On D. IA - when - +
			US Deplic	of As. Rural Development
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE		. ا	TLE OF APPLICANT'S PROJECT:
		10-769	CONSTRUCT	ion of multiuse facility
TITLE: RBEC	2		40 Nonse L	neetings, contra encur,
12. AREAS AFFECTED BY PRO	OJECT (Cities Counties S	States etc.):	- special ev	nectings, conferences, ents, thaining seminard small businesses.
	•		for rurod	small businesses.
Tulare Cour	nty, CA			
13. PROPOSED PROJECT	14. CONGRESSIONAL E	DISTRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project	
07/01/2002 02/01/2003	3 212		191, 201	F, <212
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
Total Annual Principles			ORDER 12372 PR	OCESS?
a. Federal	\$ 5	~ ^ ^ ~		
	3	∞,000 		APPLICATION/APPLICATION WAS MADE
b. Applicant	50 Section 20 10 10 10 10 10 10 10 10 10 10 10 10 10	DO, 000	1 ''	TO THE STATE EXECUTIVE ORDER 12372
	\$	20,000		FOR REVIEW ON:
c. State	1 3	•	DATE 104	1/11/2002
d. Local JUN	s ^o 7	00	-	
u. Local	1	•	b. No. PROGRA	AM IS NOT COVERED BY E. O. 12372
e. Other	s	.00	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE
STATE CLE	AANG KOUST		FOR REV	/IEW
f. Program Income	s	DO		
J			17. IS THE APPLICAL	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 1,0	00,000	Yes If "Yes,"	attach an explanation.
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, A	LL DATA IN THIS APPLI	CATION/PREAPPLICAT	TION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE C	SOVERNING BODY OF T	HE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF		VARDED.		
a. Type Name of Authorized Re		b. Title	MA	c. Telephone Number
Gary Schulz		General	Manager	559 688-175
d. Signature of Authorizae Repr			-	e. Date Signed 04/16/2002
Say Stille				V4/16/2002

Application f	for Fed	ieral				[C C C C C C C C C C C C C C C C C C C
Assistance			2 [Date Submitted (mm	/rtd/vvvv)	Appligant Identifier
			- L	/ /	22,,,,,	
1. Type of Submissio			1	Date Received by St	ate (mm/dd/yyyy)	State Application Intentified 2002
Application		Pre-application	}	/ /	ederal Agency (mm/dd/yyyy)	Federal Identifier
Construction Non-Construct	tion [Construction Non-Constru	l.	Date Received by Fe	derai Agency (mm/dd/yyyy)	STATE CLEARING HOUSE
Non-Construct 5. Applicant Informatio			<u> </u>			TO THE OLL ARING HOUSE
Legal Name		W		JIII JAPPA	Organizational Unit	
	Internatio	nal Agri-Cente	er, Inc			
Address (give city, count		zip code)			Name and telephone number application (give area code)	r of the person to be contacted on matters involving this
4450 S. Laspin Tualre, CA 932					Gary Schu	
Tuane, CA 932	214-0557				559 688-17	751
		PINI (see source)			7 Type of Applicant (en	ter appropriate letter in box)
6. Employer Identification			<u> </u>			
9 4 - 2	3 8 1	4 1 6			A. State B. County	J. Private University K. Indian Tribe
B. Type of Application:					C. Municipal	L. Individual
∑ New	Continual	ion Revis	sion		D. Township E. Interstate	M. Profit Organization N. Nonprofit
If Revision, ent	er appropri	ate letter(s) in bo	ox(es):		F. Inter-municipal	O. Public Housing Agency
11 (10101011, 0111				J	G. Special District	P. Other (Specify)
A. Increase A		Decrease Awa	ird C. Incre	ease Duration	H. Independent School D I. State Controlled Institut	
D. Decrease Do	uration Oth	er (specity)			9. Name of Federal Agency	
		· ·			U. S. D	Pept. of Ag, Rural Development
10. Catalog of Federal I	Domestic As	sistance Number	(xx-yyy)		11. Descriptive Title of App	
			10 -	769		ti use facility to house meetings, special
Title:		•			businesses.	training and seminars for rural small
RBEC	G				Dusmosses.	
12. Areas Affected by F		, counties, States,	etc.)			
Tulare County, C.	A					
13. Proposed Project			14. Congre	ssional Districts o		
Start Date (mm/dd/yyyy)	J -	ate (mm/dd/yyyy)	a. Applicant	:	21st	b. Project 19th, 20th & 21st.
0 7 / 0 1 / 2 0 0 2 15. Estimated Fundi	1	1 / 2 0 0 3				ect to Review by State Executive
15. Estillated Fulldi	1119				Order 12372 Proces	-
a. Federal	\$		and the second s	500000.00	* .	pplication/application was made available to the
b. Applicant	\$	And the second s	a hamilion	500000.00	State Executive	Order 12372 Process for review on:
c. State	\$	egyptical	2002	0.00	Date (mm/dd/yy	yy)0 4 / 1 1 / 2 0 0 2
d. Local	\$,,	ia imis	0.00	b. No Prograi	m is not covered by E.O. 12372
e. Other	\$ 5	LATE CLEARIN	The state of the s	0.00	or Progra	m has not been selected by State for review.
f. Program Income	\$			0.00	1 ''	elinquent on Any Federal Debt? attach an explanation No
g. Total	\$			1000000 .00]	Z
18. To the best of	my knowle	edge and belie	ef, all data	in this applicat	ion/pre-application are will comply with the atta	true and correct, the document has been duly ched assurances if the assistance is awarded.
a. Typed Name of Author			P.I. WALLE WITH	b. Title		c. Telephone Number (include Area Code)
	Gary So	hulz			General Manager	(559)688-1751
d. Signature of Authoriz		ative				e. Date Signed (mm/dd/yyyy) 0 1 / 1 6 / 2 0 0 2
Previous Edition Usa Authorized for Local	able /	/	/ 			form SF-424 (7/97) Prescribed by OMR Circular A-102

APPLICATION FOI		2. DATE SUBMITTE		pproval No. 0348-0043
			ISTATE CLEARING County F:	re Dept.
1. TYPE OF SUBMISSION:	Preapplication	3. DATE RECEIVED	BY STATE CLE ASSISTANDED SAMPLER	
Application X Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED	BY FEDERAL AGENCY Federal Identifier	
5. APPLICANT INFORMATIO	N			
Legal Name:	Consequente way		Organizational Unit:	
Tulare C Address (give city, county, Sta			Fire Department Name and telephone number of person to be contacted.	
	th Lovers Lane		this application (give area code)	d on matters involving
-	Tulare, CA 932	92	Lisa Marrone (559) 73	2-5954
6. EMPLOYER IDENTIFICATION: 9 4 - 6 0 0 8. TYPE OF APPLICATION:	ON NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in in A. State H. Independent School Dist. B. County I. State Controlled Institution of	B
	ew Continuation	П a:-:	B. County I. State Controlled Institution of C: Municipal J. Private University	righer Learning
X Ne		Revision	D. Township K. Indian Tribe	
If Revision, enter appropriate le	etter(s) iù pox(ea)		E. Interstate L. Individual	
A. Increase Award B. De D. Decrease Duration Othe	ecrease Award C. Increase	e Duration	F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
	(14/2-2-17)		9. NAME OF FEDERAL AGENCY:	
	<u> </u>	· .		
• • • • • • • • • • • • • • • • • • • •	,	-	USDA United States Department	-
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJEC	T:
		10 - 766	S.P.A.C.E.	
2. AREAS AFFECTED BY PR Tulare County		tes, etc.): ixley,	Safety, Plumbing, Access, and Conservation of Energy	$s_{\rm cont}(x,y) = s_{\rm cont}(x,y) + s_{\rm cont}$
Terra Bella, Tipt			11161	<u>v 3. 2002</u>
3. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		* : (555
Start Date Ending Date 9-30-03	a. Applicant District	20	DASCIACE ZV Specifical procession and described and the second	ARING HOUSE
5. ESTIMATED FUNDING:		п	16. IS APPLICATION SUBJECT TO REVIEW BY STA	re executive
. Federal	\$	50 ,× 38 [∞]	(a. YES. THIS PREAPPLICATION/APPLICATION WA	S MADE
. Applicant	\$	16,912	AVAILABLE TO THE STATE EXECUTIVE O PROCESS FOR REVIEW ON:	RDER 12372
State	\$	00	DATE 4-15-02	
. Local	\$	GO	b. No. PROGRAM IS NOT COVERED BY E. O. 1	
Other	\$. GQ	OR PROGRAM HAS NOT BEEN SELECTE FOR REVIEW	
Program income	\$	00		
TOTAL	\$	30	17. IS THE APPLICANT DELINQUENT ON ANY FEDE	
	ℓ	67,650 °	Yes if "Yes," attach an explanation.	Ä No
3. TO THE BEST OF MY KNOW OCUMENT HAS BEEN DULY TTACHED ASSURANCES IF	AUTHORIZED BY THE GOV	ERNING BODY OF TH	ATION/PREAPPLICATION ARE TRUE AND CORRECT E APPLICANT AND THE APPLICANT WILL COMPLY V	, THE VITH THE
Type Name of Authorized Rep David Hillman		b. Title Chief	c. Telephone Number (559) 732-5954	
Signature of Authorized Repre	sentative U	Ola .	e. Date-Sighed 7 / 1 7	
evious Edition Usable			Standard Form 424 (R	ev 7-97\

Authorized for Local Reproduction

*Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

	[5	E	E		V	E		-
	-	JUN	2	1	200	2		
1							A BMC	pþr

FEDERAL ASSISTANCE Cartes Use Million Cartes U	APPLIC	ATION FO	R	!			þ	MB Approval No. 0348.
1. TYPE OF SUBMISSION: Application Applica	FEDER	AL ASSIST	ANCE	2. DATE SUBMITTE	:D	CTATE /	APPREN KANTALOU	CE CE
1. Type or summission:			7	4-25-2002		STATE	JEANING FIOU	JL
S. APPLICATION PROBABITOR Tolare County Fire Department Tolare County Fire Department Tolare County Fire Department Name and Mepipuole number of person to be contacted on matters involved for the person of the contacted on matters involved for the person of the contacted on matters involved for the person of the contacted on matters involved for the person of the contacted on matters involved for the person of the contacted on matters involved for the person of the contacted on matters involved for the person of the contacted on matters involved for the person of the contacted on matters involved for the person of the contacted on matters involved for the person of the contacted on matters involved for the person of the contacted on matters involved for the person of the contacted on matters involved for the person of the contacted on matters involved for the person of the contacted on matters involved for the person of the contacted on matters involved for the person of the contacted on matters involved for the person of the contacted on matters involved for the person of the contacted on matters involved for the contact in the person of the contacted on matters involved for the contact in the person of the contact in the person of the person of the person of the contact in the person of the person of the person of the contact in the person of the person of the contact in the person of the person of the person of the contact in the person of the contact in the person of t	1. TYPE OF	SUBMISSION:			BY STATE		State Application Identifie	TITE DEDUTE
Son-College Function Son-Content college South Lovers Lane Organizational Unit Fire Department Fire Department Fire Department Name and diagnosis are code) Name and diagnosis ame and diagnosis are code) Name and and and a	Application	n	Preapplication					
S. APPLICANT INFORMATION Logar Annual Country Prize Department	Const.	ruction	Construction	4. DATE RECEIVED	BY FEDER	AL AGENCY	Federal Identifier	
Description County Continue County C				ion				
Total County Address (pive city, county, State, and size code): 1968 South Lovers Lane Visalia, CA 93392 5. EMPLOYER IDENTRICATION NUMBER (EMM): 3. TYPE OF APPLICATION NUMBER (EMM): 5. TYPE OF APPLICATION NUMBER (EMM): 6. County 6. EMPLOYER identification of the state o			<u> </u>	· · · · · · · · · · · · · · · · · · ·				
Name and bisporter number of person to be contacted on makers into 1968 South Lovers Lane Visalia, CA 93292 Lia a Marrone (559) 732-5057	_				Organiz	ational Unit:	•	
1968 South Lovers Lane Visalia, CA 93292 Lisa Marrone (559) 732-5057					Fire	e Depart	ment	
Lisa Marrone (559) 732-5057	1							tacted on matters invo
S. EMPLOYER IDENTIFICATION NUMBER (EM): 3 4	1 .				this app	ncation (give a	rea code)	,
Second S	Visali	.a, CA '93:	292		Lis	a Marron	e (559) 732 - 50	57
S. TYPE OF APPLICATION: Cantinuation Revision R	6. EMPLOYE	RIDENTIFICATI	ON NUMBER (EIN):	· · · · · · · · · · · · · · · · · · ·	7. TYPE	OF APPLICA	NT: (enter appropriate lette	r in baxl
8. TYPE OF APPLICATION: New Gonthustion Revision Revision Scunstry State Controlled Institution of Higher Learning D. Township L. Middle Controlled Institution of Higher Learning D. Township	94-	-6000	5 4 5	•			, , , , ,	لسسا
New Continuation Revision C. Municipal J. Private University D. Township C. Municipal J. Private University D. Note C. Municipal J. Private University D. Note C. Municipal J. Private University D. Township J. Private University D. Note C. Municipal J. Private University D. Priol Community D				· · · · · · · · · · · · · · · · · · ·	 -i ''			t.
Revision Community Commu	D. ITPE OF A	APPLICATION:	·		1			on of Higher Leaming
Revision, enter appropriate letter(s) in box(es)		∑ Ne	w Continuatio	n Revision	1			
A locrease Award B. Decrease Award C. Increase Ouration D. Decrease Duration Other/specify): A locrease Duration Other/specify): Special District N. Other (Specify)	If Revision, en	iter appropriate le	tter(s) in box(es)		1			
D. Decrease Duration Other/specify: 3. NAME OF FEDERAL AGENCY: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Eaxlimart, Tulare County, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date 10. 1-02 9-30-03 District 20 15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 12. 100 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: 15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 15. STATE AND APPLICATION AND PLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 15. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 16. TOTAL 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 17. IS THE APPLICANT ON ANY FEDERAL DEBT? 17. IS THE APPLICANT ON ANY FEDERAL DEBT? 18. TOTAL 19. PROPOSED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE DOCUMENT HAS BEEN GULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE APPLIC					, ,		The state of the s	•
S. NAME OF FEDERAL AGENCY: S. N. E. C. C. A. Meeting room and Energy-efficiency for Community Conference and Access S. N. E. C. C. A. Meeting room and Energy-efficiency for Community Conference and Access S. N. E. C. C. A. Meeting room and Energy-efficiency for Community Conference and Access S. N. E. C. C. A. Meeting room and Energy-efficiency for Community Conference and Access S. N. E. C. C. A. Meeting room and Energy-efficiency for Community Conference and Access S. N. E. C. C. A. Meeting room and Energy-efficiency for Community Conference and Access S. N. E. C. C. A. Meeting room and Energy-efficiency for Community Conference and Access S. N. E. C. C. A. Meeting room and Energy-efficiency for Community Conference and Access S. N. E. C. C. A. Meeting room and Energy-efficiency for Community Conference and Access S. N. E	1			crease Ouration	G. Spe	cial District	N. Other (Specify)	
ISBA United States Department of Agricul	· D. Decrease	Duration Other	(specify):	•			·	
1. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1. D		•			9. NAME	OF FEDERAL	L AGENCY:	
1. OESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1. O				, , , , , , , , , , , , , , , , , , ,				
1	10 0171100				USDA U	nited St	ates Department	of Agricult
TITLE:Community Facilities Loans and Grants 12. AREAS AFFECTED BY PROJECT (Cities, Counties, Sities, etc.): Earlimart, Tulare County, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Cate Ending Oate a. Applicant 10-1-02 9-30-03 District 20 15. ESTIMATED FUNDING: a. Federal \$ 12, 100 CROSS TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. State \$ 9,900 PROJECT TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. State \$ 0 OATE 4-25-2002 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW ON: a. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE APPLICANT AND THE APPLICANT MILL COMPLY WITH THE APPLICANT AND THE APPLICANT MILL COMPLY WITH THE APPLICANT AND THE APPLICANT MILL COMPLY WITH THE APPLICANT OR NUmber Chief (5.59) 1:732-5954 b. Date Signed 12. To The Document HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE COUNTY OF THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE COMPLY W	IO. CATALOG	OF PEDERAL L	OMESTIC ASSISTANC	E NUMBER:	11. DESC	RIPTIVE TITE	LE OF APPLICANT'S PRO	JECT:
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Eax1 imart, Tulare County, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date 10. 1-02 9-30-03 District 20 15. ESTIMATED FUNDING: a. Applicant 5 12, 100 b. Project District 20 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. State 5 00 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OATE 4-25-2002 b. No. PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT MAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative b. Title C. Telephone Number C. State Signed C. Date Signed				1,0-766	M.E.C	.C.A.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Earlimart, Tulare County, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Cate Ending Date a. Applicant District 20 15. ESTIMATED FUNDING: District 20 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 12.100 a. YES. This PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 2. State \$ 00 00 3. Local \$ 00 00 4. Local \$ 00 00 5. Other \$ 00 00 6. TOTAL \$ 22.000 00 7. TOTAL \$ 22.000 00 8. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/RREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DUTY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE AITACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative D. Title C. Telephone Number	TITLE	:Community	Facilities L	oans and Grants	Meeti	ng room	and Energy-effi	ciency for
13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date 10.1-02 9-30-03 District 20 District 20 District 20 15. ESTIMATED FUNDING: a. Federal \$ District 20 Distri	12. AREAS AF	FECTED BY PR	OJECT (Cities, Counties	s, States, etc.):		ommunity	Conference and	l Access
13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date 10. 1-0.2 9-30-03 District 20 District 20 District 20 15. ESTIMATED FUNDING: a. Federal \$ 12,100 a. YES. THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 0. Applicant \$ 9,900 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 0. Applicant \$ 9,900 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 0. ATE 4-25-2002 b. No. [] PROGRAM IS NOT COVERED BY E. O. 12372 0. OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DECLUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 17. TO PROGRAM OF THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 18. Other Signed Authorized Payersen alive b. Title c. Telephone Number (559):7332-5954 19. Date Signed b. Date Signed c. Date Sign	` 10 n ~ 1 i			•	-			
Start Date					<u> </u>		<u> </u>	
District 20 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 2	iai EKOLÓSE	D PROJECT	14. CUNGRESSIONA	L DISTRICTS OF:				·
District 20 15. ESTIMATED FUNDING: a. Federal b. Applicant c. Slate c. Slate c. Other c. Other c. Other c. TOTAL d. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative David Hillman Chief 15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. YES. THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. YES. THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. YES. THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. YES. THIS PREAPPLICATION AND THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. YES. THIS PREAPPLICATION AND TO STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. YES. THIS PREAPPLICATION AND TO STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. YES. THIS PREAPPLICATION APPLICATION APPLICATION AND THE APPLICANT ON ANY FEDERAL DEBT? TO THE SEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative b. Title c. Telephone Number c. Telephone Number c. Telephone Number c. Telephone Number e. Date Signed d. Date Signed e. Date Signed	Start Date	Ending Date	a. Applicant		h Project			
15. ESTIMATED FUNDING: a. Federal a. Federal b. Applicant c. State c. State c. State c. State c. Other c. O	10-1-02	9-30-03	Distri	at 20		Dist	rict 20	•
ORDER 12372 PROCESS? a. Federal \$ 12,100		D FUNDING:			16. IS AP	PLICATION SU	UBJECT TO REVIEW BY S	TATE EXECUTIVE
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: OATE 4-25-2002 1. Local \$ 00	-				1		•	
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: ONLY SOLUTION OF THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: OATE 4-25-2002 DATE 4-25-2002	a. Federal		\$	do	1			
PROCESS FOR REVIEW ON: OATE 4-25-2002 1. Local \$ 00	A Optional			12,100				
OATE 4-25-2002 1. Local \$ 08 08 08 09 08 09 09 09 09 09 09 09 09 09 09 09 09 09	- Oppincatii		3	9.900	1			E ORDER 12372
DATE 4-25-2002 1. Local 5 00 DATE 4-25-2002 1. Local 5 00 DATE 4-25-2002 1. Local 5 00 DATE 4-25-2002 1. No. [] PROGRAM IS NOT COVERED BY E. O. 12372 [] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 18. TOTAL 5 00 DATE 4-25-2002 19. No. [] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 19. Type Name of Authorized Representative	. State		5			PROCESS FC	NY KEAIEM OM:	
b. No. PROGRAM IS NOT COVERED BY E. O. 12372 a. Other \$				•		DATE 4-25	-2002	
SOTHER SOURCE STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 22,000 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 22,000 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes If "Yes," attach an explanation. X No 22,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative David Hillman Chief C. Telephone Number (5\$9):1732-5954 e. Date Signed	l. Local		\$	GQ	†			
Program Income \$ 00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 22,000 Yes If "Yes," attach an explanation. X No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative b. Title c. Telephone Number David Hillman Chief (5\$9):1732-5954 Beginners of Authorized Representative e. Date Signed .					b. No. [] PROGRAM	IS NOT COVERED BY E. C	D. 12372
Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 22,000 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes if "Yes," attach an explanation. X No 22,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative David Hillman Chief C. Telephone Number (5 \$ 9) 1:732-5954 e. Date Signed	Other		\$	90] OR PRÖGR	AM HAS NOT BEEN SELE	CTED BY STATE
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 22,000 8. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative David Hillman Chief C. Telephone Number (5\$9):1732-5954 e. Date Signed		·				FOR REVIE	Ν	
22,000 Yes If "Yes," attach an explanation. No 8. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative b. Title C. Telephone Number Cavid Hillman Chief Chief C. Date Signed C. Date Signed	Program Incon	ne .	\$. 00				
22,000 Lyes If "Yes," attach an explanation. X No 8. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative David Hillman Chief C. Telephone Number (5\$9):1732-5954 e. Date Signed	TOTAL		ſĊ	ng	17. IS THE	APPLICANT	DELINQUENT ON ANY FE	DERAL DEBT?
B. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative David Hillman Chief Chief Chief B. Date Signed Chief	and the second second		φ		Yes	If "Yes," atta	ich an explanation.	X No
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative David Hillman Chief C. Telephone Number (5\$9):1732-5954 e. Date Signed	B. TO THE BES	ST OF MY KNOW	/LEDGE AND BELIEF.		L ATION/PRE	APPLICATION	N ARE TRUE AND COPPE	CT THE
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative b. Title c. Telephone Number (559):1732-5954 Etymaters of Authorized Representative e. Date Signed .	DOCUMENT HY	AS BEEN DULY .	AUTHORIZED BY THE	GOVERNING BODY OF THE	E APPLICA	NT AND THE	APPLICANT WILL COMPL	Y WITH THE
David Hillman Chief (559):732-5954 Rignature of Authorized Representative e. Date Signed	VITACHED AS	SURANCES IF T	HE ASSISTANCE IS A	WARDED.			, , , , , , , , , , , , , , , , , , , ,	
attunature of Authorized Representative . e. Date Signed .	Type Name of	Authorized Repri	esantative	b. Title		c.	Telephone Number	
e. Date Signed				Chief				4
	AUTOR OF Y	uthorized Repres	en ative ()	•		e.i	Date Signed	

A D D L LC	ATION FOR				GEIVED	B Approval No. 0348-00
			2. DATE SUBMITTE		Applicant Identifier	
FEDERA	AL ASSISTA	NCE	2. DATE SUBMITTE	1161	Appacant Identine	
	1/1////		4-25-2002		JUN Tulare County F	ire Departmen
1. TYPE OF	SUBMISSION;	1	3. DATE RECEIVED	BY STAPE	State Application denumer	
Application		Preapplication				
Constr		Construction	4. DATE RECEIVED	BYFFERA	CLEARING HOUSE	
Land Land	onstruction	Non-Construct	ion	OIAIE	CLEARING HOUSE	
	T INFORMATION					
Legal Name:		•		Organizationa		
	County				<u>epartment</u>	
	city, county, State,			!	ephone number of person to be conta	icted on matters involvir
1	outh Lovers			triis application	n(give area code)	
Visali	a, CA 9329	12	*	Lisa Ma	rrone (559) 732-505	7
6. EMPLOYE	R IDENTIFICATION	NUMBER (EIN):	· · · · · · · · · · · · · · · · · · ·	7. TYPE OF A	PPLICANT: (enter appropriate letter	in hayl
. [-6000	***************************************				´ (
94-	0100	P 14 3	V.	A State	H. Independent School Dist.	<u>UB</u>
8. TYPE OF A	PPLICATION:			B. County	I. State Controlled Institution	of Higher Learning
	₹ New	Continuatio	n Revision	C. Municipal		
-	∵ X 148M	in Continuation		D. Township	K. Indian Tribe	,
If Revision, en	ter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	
				F. Intermunio	-	
A. Increase			crease Duration	G. Special D	istrict N. Other (Specify)	-
D. Decrease	Duration Other(s	pecify):	•			
				9. NAME OF F	EDERAL AGENCY:	
				USDA Unit	ed States Department	of Agricultu
10. CATALOG	OF FEDERAL DO	MESTIC ASSISTANC	CE NUMBER:	11. DESCRIPT	IVE TITLE OF APPLIČANT'S PROJ	ECT:
The state of the s		•	10-766	M.E.C.C.	A.	
			<u> </u>		room and Energy-effi	ciency for
11111	Community	<u>Facilities I</u> JECT <i>(Cities, Countle</i>	oans and Grants		unity Conference and	
12. AREAS A	TECIED BI FRO	JEC I (Cilles, Coomie	s, states, etc.)			.10000
Earlima	rt, Tulare	County, CA				•
13. PROPOSE		14. CONGRESSIONA	1 DISTRICTS OF	<u>-L</u>		
10.1 10.00	D FROMEC!	14. CONGRESSIONA	L Did (NIC 13 OF:		•	
Start Date	Ending Date	a. Applicant		b. Project		
10-1-02	9-30-03			2711-1	District 20	
15. ESTIMATE		Distri	CT ZU	16 IS APPLICA	ATION SUBJECT TO REVIEW BY S	TATE EXECUTIVE
			*	\$	372 PROCESS?	INTE EXECUTIVE
a. Federal	mary workers represent the control of	5	00	- 0100011172	1/2 / 1/0 0200 /	
			12,100	a. YES. THIS	PREAPPLICATION/APPLICATION	WAS MADE
b. Applicant	2 (5000	5	GG ·	-	LABLE TO THE STATE EXECUTIVE	
	3 8 8 N 8 6.	1 0000	9,900	1	CESS FOR REVIEW ON:	
c. State	JUTT	\$, CQ		•	
			-	DATE	4-25-2002	
d. Local	STATE CLEAR	NG HOUSE	.00			
	THE RESERVE THE PROPERTY OF TH	THE PROPERTY OF THE PROPERTY O		4 -	OGRAM IS NOT COVERED BY E. C	1
e. Other		\$		1	PROGRAM HAS NOT BEEN SELE	CTED BY STATE
				FO.	RREVIEW	
f. Program Inco	me :	\$.00			
a TOTAL			00	17. IS THE APP	LICANT DELINQUENT ON ANY FE	DERAL DEBT?
g. TOTAL		\$	•	Yes if "	Yes," attach an explanation.	X No
18 TO THE PE	ST OF MY (STORE)	EDGE AND DELICE	22,000	171011111111111111111111111111111111111	LICATION ADDITION AND TOUR AND TOUR	
DOCUMENTS	IAS BEEN DOOR	LEUGE AND BELIEF	ALL DATA IN THIS APPLIC	A HON/PREAPP	LICATION ARE TRUE AND CORRE	GI, THE
ATTACHEN	SCHEVNOECICE.	UTHORIZED BY THE 1E ASSISTANCE IS A	COVERNING BODY OF TH	E APPLICANT A	ND THE APPLICANT WILL COMPL	Y WITH THE
	of Authorized Repre				Tologhoro Museka	
David Hi	n Autouzed Repre I I man	Sentative	b. Title	=	c. Telephone Number	4
	LIMANI Authorized Replese	on behive	Chief		(559) 0732-595	4
- Paring Ol V		`(~~)`\;			e. Date Signed	
Previous Edition	Lisable	~~~~ <u>~</u>			Standard Form 424	1/Ray 7.07\
					Grander of the 424	. is start. I Tall I

OMB Approval No. 0348-0043 APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE June 18, 2002 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: State Application Identifier <u>Application</u> Preapplication Construction ☐ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: CSU. Chico Research Foundation Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving this application (give area code) Kendall Hall, Room 114 CSU, Chico Contract: Jeff Wright Program: Warren Jensen Chico, CA 95929-0870 (530) 898-4598 (530) 898-5700 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 6 8 - 0 3 8 6 5 1 8 H. Independent School Dist. A. State 8. TYPE OF APPLICATION: 1. State Controlled Institution of Higher Learning B. County C. Municipal J. Private University Revision New New ☐ Continuation D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Increasing Rural Employment Through the Introduction of 7 6 9 High Solids Anaerobic Digester Technology in a Rural TITLE: USDA RBOG Section of the Sacramento E 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Colusa, Glenn, Sutter and Yuba counties 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: JUN 2-0 2002 Ending Date b. Project Start Date a. Applicant Second 7/1/02 10/31/02 16. IS APPLICATION SUBJECT POREVEWBY STATE EXECUTOR 15. ESTIMATED FUNDING: ORDER 12372 PROCESS? a. Federal \$ 50.000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 \$ b. Applicant PROCESS FOR REVIEW ON: c. State 06/18/02 DATE __ d. Local \$ b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other \$ FOR REVIEW f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. No. 50.000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number a. Type Name of Authorized Representative

Director, Sponsored Programs

Previous adilion Usable
Authorized for Local Reproduction

of Authorized Representative

Jeff Wright

d. Signature

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

(530) 898-5700

e. Date Signed

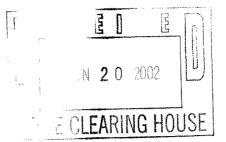


Figure 1: SF-424

OMB Approval No. 0348-0043

APPLICATION FOR				OMB	Approval No. 0348-00
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	Y STATE	State Application Identifier	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
City Of Inglewoo	<u>d</u>			<u>Business</u> Develor Business Develor Busines	
Address (give city, county, State			this application (give a	•	aed on matters involv
One Manchester B	•		1	cNish (310) 412-	5600
Inglewood, CA 90 6. EMPLOYER IDENTIFICATION			4		
95 -60 00			A. State	ANT: (enter appropriate letter i H. Independent School Dist.	(C)
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution	of Higher Learning
☐ Nev	y X Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe	
If Revision, enter appropriate lett	ter(s) in box(es)		E. Interstate	L. Individual	
		<u> </u>	F. Intermunicipal	M. Profit Organization	
	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(specify):		9. NAME OF FEDERA	AL AGENCY:	
		•		evelopment Admin	istration
		······································		r construction of the cons	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJ	ECT:
	[111 - 303		co prepare econom	
Total '	Technical Assist		_	for land develop	
TITLE: LOCAL .		······································		portation needs f	
			ł .	in the City and	adjoining
City of Inglewoox			LAX Intern	national Airport.	
3. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		7	
Start Date Ending Date	a. Applicant		b. Project	2011	
07-01-02 6-30-03 15. ESTIMATED FUNDING:	36th		TE IS ADDITION	36th SUBJECT TO REVIEW BY S	TATE EYECUTIVE
5. ESTIMATED FUNDING:			ORDER 12372 PR		TATE EXECUTIVE
a. Federal	T \$.00			
•	175,000		a. YES. THIS PREA	PPLICATION/APPLICATION	WAS MADE
o. Applicant	\$ 75 000	, 30	1	TO THE STATE EXECUTIVE	ORDER 12372
. State	75,000 \$.58	PROCESS	FOR REVIEW ON:	
		~	DATE		
I. Local	 \$	•	b. No. PROGRA	M IS NOT COVERED BY E. C), 12372
e. Other	\$,oc	OR PROG	SRAM HAS NOT BEEN SELEC	
			FOR REV	IEW	
Program Income	\$.00	17 IS THE ADDITOAL	IT DELINQUENT ON ANY FE	DEBAL DEBTS
. TOTAL	\$ 050.000	OU .	_	ittach an explanation.	Mo €
	250,000			,	
8. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	VERNING BODY OF TH			
. Type Name of Authorized Rep	resentative	b. Title		c. Telephone Number	
Jerry M. Givens		Deputy City A		(310) 412-5301	
. Signature of Authorized Repre	sentative	***		e. Date Signed 02–28–0	2
revious Edition Usable				Standard Form 424	
CALCOS COMBON OSMORE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Charloard Fulli 42	t cresum a risk f

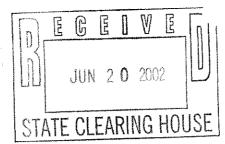


Figure 1: SF-424

APPLICATION FOR				OMB Approval No. 0348-00
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier
Application	Preapplication			
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction	<u> </u>		
Legal Name:			Organizational Unit:	
City Of Inglewood	₹		1 -	Business Development
Address (give city, county, State,	and zip code):		Name and telephone r	number of person to be contacted on matters involving
One Manchester B	lard 5+b F1		this application (give a	
Inglewood, CA 903			Richard Mc	eNish (310) 412-5699
6. EMPLOYER IDENTIFICATION				NT: (enter appropriate letter in box)
95 -60 00	7		T. T. C. C. A. L. C.	C
	1175101		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	State Controlled Institution of Higher Learning
☐ New		Revision	C. Municipal	J. Private University
If Revision, enter appropriate lette	or(a) in boy(as)		D. Township	K. Indian Tribe
in rievision, erner appropriate rene	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization
A. Increase Award B. Decr	rease Award C. Increase	Duration	1	N. Other (Specify)
D. Decrease Duration Other(s	pecify):			
			9. NAME OF FEDERA	L AGENCY:
		·	Economic D	evelopment Administration
12. AREAS AFFECTED BY PRO City of Inglewood	•	es, etc.):	TA Grant to ment plan and transp corridors	LE OF APPLICANT'S PROJECT: o prepare economic develop- for land development reuse ortation needs for traffic in the City and adjoining ational Airport.
Start Date Ending Date	a Appliance		Is positive	
Start Date Ending Date	a. Applicant 36tth		b. Project	36th
15. ESTIMATED FUNDING:	2001			SUBJECT TO REVIEW BY STATE EXECUTIVE
		ĐG	ORDER 12372 PRO	
a. Federal	\$ 175,000		a VES THIS PREAL	PPLICATION/APPLICATION WAS MADE
b. Applicant	\$.80	3	TO THE STATE EXECUTIVE ORDER 12372
<u> </u>	75,000		PROCESS F	OR REVIEW ON:
c. State	\$	00	Programme	
J. Local	\$, OQ	DATE	
e. Other	\$	OG		MIS NOT COVERED BY E. O. 12372
s. Outer	Φ	•	FOR REVI	RAM HAS NOT BEEN SELECTED BY STATE
. Program Income	\$	00		
	•	•	17. IS THE APPLICAN	T DELINQUENT ON ANY FEDERAL DEBT?
. TOTAL	\$ 250,000	, Oo	Yes If "Yes," at	tach an explanation.
				ON ARE TRUE AND CORRECT, THE
			E APPLICANT AND THE	E APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF T				
. Type Name of Authorized Repre	1	b. Title		. Telephone Number
Jerry M. Givens		Deputy City A		(310) 412–5301
Signature of Authorized Repres	etuquive		•	a. Date Signed 02–28–02

APPLICATION FOR				OMB	Approval No. 0348-004:
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier	
TVAR OF CHOMOCION.		6-18-02 3. DATE RECEIVED B	V 07472		
1. TYPE OF SUBMISSION: Application	Preapplication	J. DATE RECEIVED B	TSIAIE	State Application Identilier	
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
Man-Construction	Non-Construction				
5. APPLICANT INFORMATION					
Legal Name: - Circuit Rider P	rodeuctions, I	Inc.	Organizational Unit:		
Address (give city, county, State,	and zip code):			number of person to be contact	
9619 Old Redwoo	· ·		1	area code) Katherine	
Windsor, CA 95	492			oord. kgledhill 6641ext.241 707	
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter i	n box)
9 4 - 2 3 4 5	8 0 7				N
8. TYPE OF APPLICATION:			A. State	H. Independent School Dist.	
			8. County C. Municipal	I. State Controlled Institution J. Private University	of Higher Learning
N ew	Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. interstate	L. Individual	
	L	<u></u>	F. Intermunicipal	M. Profit Organization	
	rease Award C. Increase	e Duration	G. Special District	N. Other (Specily) Non-P	rofit
D. Decrease Duration Other/s		7		501 (<u>c)3</u>
	GEIVEN		9. NAME OF FEDERA	AL AGENCY:	
—— 			NOAA		
10. CATALOG OF FEDERAL DO	MESTIC OSSISTANCE NO	MAER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJ	ECT:
, IUUI	JUN 10 KOOK L	1 1 - 4 6 3	n	n	
1 1			• •	Restoration and ntal Education	
TITLE:	TI LEBREAU MILE	4	ľ	iver Watershed	TH THE
Sonoma C		(100 , 1 0 (C.):			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
1	a. Applicant		b. Project		
7-01-0212-31-03	Congressional	L Dist. l		nal District 1	
15. ESTIMATED FUNDING:			18. IS APPLICATION	SUBJECT TO REVIEW BY S	FATE EXECUTIVE
		00	ORDER 12372 PR	OCESS?	
a. Federal	.". 67	0,000	- VER THE BREA	DELICATION AND MATICAL	
b. Applicant	\$ ·	+0,000		(PPLICATION/APPLICATION ' E TO THE STATE EXECUTIVE	.,
	•	·	1	FOR REVIEW ON:	ONDEN 123(2
c. State	\$				
		42,574	DATE 6-	19-02	
d. Local	\$.00	1 No 17 BBCCC	M IS NOT COVERED BY E. O	10070
e. Other	\$,00	4	BRAM HAS NOT BEEN SELEC	1
		QD .	FOR REV	IEW	
. Program Income	\$		17 IS THE APPLICAN	IT DELINQUENT ON ANY FE	DEDAL BERTS
J. TOTAL	\$	00 00 574	1	ittach an explanation.	
		32,574			No.
8. TO THE BEST OF MY KNOW					
DOCUMENT HAS BEEN DULY / ATTACHED ASSURANCES IF T			E APPLICANT AND TH	IE APPLICANT WILL COMPL	Y WITH THE
i. Type Name of Authorized Repr		b. Title		c. Telephone Number	
Wes Winter .	1	Executive Di	irector	(707) 838-6641	
I. Signature of Authorizett Repres	entative /			e. Date Signed	
VV2	ruhu		· · · · · · · · · · · · · · · · · · ·	6-14-02	
revious Edition Hankla				0	

				B B BM ADVOVATION DADE DO45					
APPLICATION FOR	:05	2. DATE SUBMITTED		Applicati Identifier					
FEDERAL ASSISTAN	NCE	June 14, 20	0.2						
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier					
Application Preapplication									
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	FOR STATE CLEARING HOUSE					
Non-Construction 5. APPLICANT INFORMATION	Non-Construction	<u> </u>		[OTATE OFFICIAL STOOPE]					
Legal Name:			Organizational Unit:						
Association of E	Bay Area Gover	nments	San Franci	sco Estuary Project					
Address (give city, county, State,	and zip code):			number of person to be contacted on matters involving $(10-464-7910)$					
P.O. Box 2050 Oakland, CA 9460)4-2050								
ŕ			.f	Leong, Executive Director					
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)					
9 4 - 2 8 3 2	4 7 8		A. State	H. Independent School Dist.					
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning					
New	Continuation	Revision	C. Municipal J. Private University D. Township K. Indian Tribe						
If Revision, enter appropriate lette	er(s) in box(es)	E. Interstate L. Individual							
			F. Intermunicipal	M. Profit Organization					
	ease Award C. Increase	Duration	G. Special District	N. Other (Specify) local go vt.					
D. Decrease Duration Other(s	rpecity).		9. NAME OF FEDERA	AL AGENCY:					
			US Environ	mental Protection Agency					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Clean Water Act 666—45			Region 9						
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:					
Clean Wa	eter Act	6 6 - 4 5 6	San Franc	isco Estuary Project:					
	O National Es	tuary Progra		ntation of Comprehensive					
12. AREAS AFFECTED BY PRO			b n 1 / 0	ation and Management					
Contra Costa Mari Santa Clara,San F	n,Napa,Sonoma Francisco San	,Sacramento, Joaquin Sa	h Mateo Yo	10					
	14. CONGRESSIONAL DI		1	***					
			IL Pro						
Start Date Ending Date 9 / 1 / 02 12 / 31 / 03	a. Applicant		b. Project	10 16					
15. ESTIMATED FUNDING:	9			SUBJECT TO REVIEW BY STATE EXECUTIVE					
			ORDER 12372 PF	ROCESS?					
a. Federal	\$ 410,000	·	. VEC THIS DOE	APPLICATION/APPLICATION WAS MADE					
b. Applicant	\$	<u>.</u>		E TO THE STATE EXECUTIVE ORDER 12372					
D. Approacts	18,000		1	FOR REVIEW ON:					
c. State	\$,œ	DATE JU	ne 14, 2002					
d. Local	410,000 s	ِ ن	DAIS ===						
C. EUGE				AM IS NOT COVERED BY E. O. 12372					
e. Other	\$		OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE					
f. Program Income	\$.00	ron ne	AIEAA					
1. Fiogram moone			17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?					
g. TOTAL	838,000	·	Yes If 'Yes,"	attach an explanation.					
18: TO THE BEST OF MY KNOW		L DATA IN THIS APPLIC	I :ATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE					
				HE APPLICANT WILL COMPLY WITH THE					
ATTACHED ASSURANCES IF				To Talanhara Numbar					
a. Type Name of Authorized Rep Eugene Y. Leong		Executive Di	rector	c. Telephone Number 510-464-7910					
d. Signature of Authorized Repre	sentative			e. Date Signed 6 - 13-02					
Legue 5	· Leony			Standard Form 424 (Rev. 7-97)					
Previous Edition Usable Authorized for Local Reproduction	, /	•		Prescribed by OMB Circular A-102					
V		1		•					

OMB Approval No. 0348-0043 **APPLICATION FOR** 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE June 18, 2002 3. DATE RECEIVED BY STATE State Application Identifier 1. TYPE OF SUBMISSION: Application Preapplication **✓** Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: UKIAH SUMMERCREEK ASSOCIATES,A CALIFORNIA LIMITED PARTNERSHIP Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code): this application (give area code)
Gar-Mar Associates / Attn: Margo 530/823-9250 13 - 12th Avenue South, Nampa Canyon County, Idaho 83653 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) Ν A. State H. Independent School Dist. B. County I, State Controlled Institution of Higher Learning 8. TYPE OF APPLICATION: C. Municipal J. Private University Revision Continuation ✓ New D. Township K. Indian Tribe L. Individual E. Interstate If Revision, enter appropriate letter(s) in box(es) M. Profit Organization F. Intermunicipal G. Special District N. Other (Specify) Partnership C. Increase Duration A. Increase Award B. Decrease Award D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: UNITED STATES DEPARTMENT OF AGRICULTURE 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1 0 - 4 1 5 SUMMERCREEK VILLAGE - Affordable rental housing apartment project - 64 total units consisting of 24 2-bdrm, TITLE: Rural Rental Housing Section 515 (RRH-515) 32 3-bdrm. & 8 4-bdrm units to be built on 4.7 acres 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): located at 735 Porzio Lane in Ukiah, Mendocino County, Ukiah, Mendocino County, California California. 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: b. Project Start Date Ending Date a. Applicant District #1 District #1 9/1/02 5/1/03 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: **ORDER 12372 PROCESS?** a. Federal \$ 125,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 \$ b. Applicant 194,496 PROCESS FOR REVIEW ON: c. State \$ 410,332 DATE ___ d. Local \$ 1.000,000 b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 IT OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other \$ 1,130,000 FOR REVIEW \$ f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL \$ Yes If "Yes," attach an explanation. 2.859.828 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number a. Type Name of Authorized Representative b. Title (208) 461-0022 General Partner Caleb Roope, Manager of: ROOPE, LLC e. Date Signed d. Signature of Authorized Representative 6-18-02

Cula Previous dedition Usable

Authorized for Local Reproduction

U U 2002 STATE CLEARING HOUSE

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR		wa		OND Approval No. 0040-0040
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED June 18, 2002		Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
		A CALIFORNIA		
Address (give city, county, State,	and zip code):		1	number of person to be contacted on matters involving
†			this application (give a Gar-Mar Ass	ociates / Attn: Margo 530/823-9250
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLIC	ANT: (enter appropriate letter in box)
			A. State	H, Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
✓ New	Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe
### TYPE OF SUBMISSION: Application			E. Interstate	L. Individual
		l L	F. Intermunicipal	M. Profit Organization
		Duration	G. Special District	N. Other (Specify) Partnership
			9. NAME OF FEDER	AL AGENCY:
				S DEPARTMENT OF AGRICULTURE
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NU		11. DESCRIPTIVE T	ITLE OF APPLICANT'S PROJECT:
	L	1 0 — 4 1 5	•	RDS AT ARCATA - Affordable rental
TITLE: Rural Rental	Housing Section 515	(RRH-515)		ent project - 64 total units consisting of 8 Irm, 28 3-bdrm, & 8 4-bdrm units to be
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	ites, etc.):		res At 1101 Guintoli Lane in Arcata,
Arcata, Humboldt County,	California		Humboldt Count	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		4, 1 MARIA 100 MARIA
Start Date Ending Date			b. Project	
41.11	Distric	ct #1	56	District #1
		00	16. IS APPLICATION ORDER 12372 P	N SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?
a. Federal		125,000		EAPPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12372
		125,863	1	S FOR REVIEW ON:
		294,435	DATE	
		350,000 ⁰⁰		RAM IS NOT COVERED BY E. O. 12372
e. Other		880,000	FOR RE	DGRAM HAS NOT BEEN SELECTED BY STATE EVIEW
f. Program Income	\$. 00	17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?
	,	1,775,298		attach an explanation.
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	OVERNING BODY OF TH	CATION/PREAPPLICATE APPLICANT AND	ATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
	resentative	b. Title General Partner		c. Telephone Number (208) 461-0022
d. Signature of Authorized Repre			N/I (2	e. Date Signed 6 -183 - 0 2
Previous Edition Usable			<u> </u>	Standard Form 424 (Rev. 7-97)
Authorized for Local Reproductio	n II			Prescribed by OMB Circular A-102
		n) min to	2002	

Application for Fed	eral	U.S. Department of Educ	ation
Education Assistanc	e (ED 424)	E G S Parm Approved ON B No. 1875-0106	
Applicant Information			, i
Name and Address	•	Organizational Unit 9 2002	
Legal Name: Students In Busi			
Address: 4588 Peralta Blvd	., Ste. 17	STATE CLEARING HOUSE	
Database	· · · · · · · · · · · · · · · · · · ·		
Fremont City		CA Alameda 94536- State County ZIP Code + 4	
2. Applicant's D-U-N-S Number 8 8 3 8	28022	6. Novice Applicant Yes X No	
5. Applicances (4)-16	5 4 0	7. Is the applicant delinquent on any Federal debt? Yes X	No`
4. Catalog of Federal Domestic Assistance # 8 4	1 8 4 B	(If "Yes," attach an explanation.)	
Title: Mentoring Programs		8. Type of Applicant (Enter appropriate letter in the box.)	
5. Project Director: Sherry Jenning:		A State G Public College or University	
Address: 4588 Peralta Blvd.		B Local H Private, Non-Profit College or Univers C Special District I Non-Profit Organization	ity
Fremont CA City State	94536 ZIP Code + 4	D Indian Tribe J Private, Profit-Making Organization	
 Tel.#:510-795-6488 Fax.#510	0-795 - 6498	E Individual K Other (Specify):	
x6174		F Independent School District	
	@beamentor.	org	
Application Information	·		
9. Type of Submission:		12. Are any research activities involving human subjects planned at any during the proposed project period?	ime
—PreApplication —Application		acting the proposed project benoal:	
Construction Construction		Yes (Go to 12a.) X No (Go to item 13.)	
Nan-Construction X Non-Constru	ection	12a. Are all the research activities proposed designated to be exe	ner
10. Is application subject to review by Executive Orde	· 47273 b	from the regulations?	.,,,
Yes (Date made available to the Execut	•	Yes (Provide Exemption(s) #): N/A N/A N/A	
process for review): Sept. 2		No (Provide Assurance #): N/A	
No (If "No," check appropriate box be		13. Descriptive Title of Applicant's Project:	
Program is not covered by E.O. 123		The Be A Mentor Program	ļ
Program has not been selected by St			
Start Date:	End Date:		
11. Proposed Project Dates: 10/1/02	9/30/04		
Estimated Funding	Authoriz	zed Representative Information	
14a. Federal \$199,956	correct, The	of my knowledge and belief, all data in this preapplication/application are true a document has been duly authorized by the governing body of the applicant	
b. Applicant \$	the applicant	it will comply with the attached assurances if the assistance is awarded.	
The state of the s	00 1	Representative (Please type or print name clearly)	
c. State \$.00 a. Authorized	Representative (Please type or print name clearly.) t. Goetsch	
c. State \$ d. Local \$.00 a. Authorized .00 Rober b. Title	t Goetsch	
	.00 a. Authorized .00 Rober b. Title .00 Execu		
d. Local S	.00 a. Authorized .00 Rober b. Title .00 Execu	t Goetsch tive Director -795-6488 Fax #:510-795-6498	

APPLICATION FOR				OMB Approval No. 0348-004
FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED		Appilcant identifier
1. TYPE OF SUBMESSION:	T	6/20/02 3. DATE RECEIVED BY	4 ****	Charles Landson Lands William
Application	Prespolication	3. DATE RECEIVED BY	Y SIATE	State Application Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Idantifler
X Non-Construction 5. APPLICANT INFORMATION	Non-Construction			
Legal Name:			Organizational Unit:	
Tri-County Econom	nic Development	t Corporation		
Address (give city, county, State, 2540 Esplanade,	and zip code):	•		nunder of parson to baccaled on mallers involving rea code)
Chico, CA 95973			Marc Nemar	itc 530-893-8732
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	uic 530-893-8732 WT: (enter appropriate latter in box)
68 - 0065	I 8 7 3			N
A TYPE OF APPLICATION:		A. SISIO B. County	H. Independent School Dist. I, State Controlled Institution of Higher Learning	
New	X Continuation	☐ Revision	C. Municipal	J. Privata University
	_		D. Township	K. Indian Tribe
If Revision, enter appropriate letti	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization
A. Increase Award 8. Opci	rease Award C. Increase	Duration	G. Special District	N. Other (Specify) EDD
D. Decrease Duration Other(s				
			9. NAME OF FEDERA	
		·		ent of Commerce, Economic Administration
D. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NO	IMRER:		LE OF APPLICANT'S PROJECT:
A SALVEGO OF LENEVAR DE	AN SOUNISCEN COCCUE.		1	cion of long-range economi
Economic	Development Su	1 1 - 3 0 2 PPORT FOR		t program designed to
TITLE: Planning	organization	top are b		ew employment opportunitie
Butte, Glenn & T				er a stable and diversifie
incorporated Cit	les Therin		local econo	my and improvedlocal condi
3. PROPOSED PROJECT	14. CONGRESSIONAL DIS		so as to al	leviate the substantial
itan Date Ending Date	a, Applicant		unemployment	/underemployment in the Tr
7/01/0:2 6/30/03	а, мрунсая:		o rost region	of Butte, Glenn & Tehama
5. ESTIMATED FUNDING:	<u> </u>		16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
	*		ORDER 12372 PR	OCESS?
a, Federal	\$.	,80	N VED THAN SEE.	መውነ ነሱ ለቸነሱእህለበውን ነው ለጥጥኑ! አህላብ አላፋመም
). Applicant	67,000,00		-	PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12972
			J.	FOR REVIEW ON:
c. Smile	\$.00		19/03
s, Local	Š	60	DATE <u>6/</u>	10/1/
-,	22-333-00	•	6. No. O PROGRA	M IS NOT COVERED BY E. Q. 12372
e. Other	\$			FRAM HAS NOT BEEN SELECTED BY STATE
- Fragmentary		w	FOR REV	IEW .
. Program Income	\$	une ,	17. IS THE APPLICAN	T DEUNQUENT ON ANY FEDERAL DEBT?
). TOTAL	\$.80	i	_
	89.733.00			
18. TO THE BEST OF MY KNOW DOCUMENT HAS REEN DULY				ION ARE TRUE AND CORRECT, THE IE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF			⇒ ett wiseMiti AβtD 171	E OF FRANKE INCE ARRULET ARRO THE
. Type Name of Authorized Repo		b, Tille		c. Telephone Number
Marc Nemanic	11/11/11	Executive Di		530-893-8732
l. Signature of Authorized Repres	TO WISHALUM			a. Date Signed & IO2
revious Edition Usable				Stendard Form 424 (Rev. 7-97)
Authorized for Local Reproduction				Prescribed by OMB Circular A-102
		IS P @	ENVE	
		NNL.		
		110)1	10 2000	
		IIIII JUN	18 2002	
_		Cased mirror		
ta a ta		1 1		

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE	2.Date S	2.Date Submitted Applicant Identifier				
1. TYPE OF SUBMISSION: .	13.Date R	eceived by State		cation Ident	ifier	
	•	1				
Application . Preapplication Construction . Construction X Nonconstruction . Nonconstruction	4.Date R	ec'd by Fed Agency				
5. APPLICANT INFORMATION		Organizational Uni	t			
Legal Name State Water Resources Control Board		San Francisco Re-				
Address (give city, county, state, and zip code	:	Name and telephone involving this app	of person t lication (gi	o be contact ve area code	ed on matters):	
State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814		Marcia Brockbank (510) 622-2325				
6. EMPLOYER IDENTIFICATION NUMBER (EIN):	and a specific of the state of	17. TYPE OF APPLICAN	T: (enter app	propriate let	ter in box) A	
8. TYPE OF APPLICATION: New	aut si on	A. State B. County C. Municipal D. Township	I. Sta	dependent Sch ate Institute ivate Univers dian Tribe	pool Dist. Higher Learning Hity	
If Revision, enter appropriate letter(s) in box	(es):	IE. Interstate F. Intermunicipal G. Special Distric	L. Ind M. Pro	dividual ofit Organiza		
A. Increase Award B. Decrease Award	I	9. NAME OF FEDERAL	t .			
C. Increase Duration D. Decrease Duration		U.S. Environmen		ion Agency		
Other (Specify)				ohumia pagasa	Prit.	
O CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 16161-141	5 6	11.DESCRIPTIVE TIT	ocisco Estua	rv Project's	purpose is to oversee and	
TITLE: National Estuary Program		the search the in	nolementatio	n of a coord.	inated and comprehensive and enhancing the Bay-Delta	
12.AREAS AFFECTED BY PROJECT (cities, counties, st	ates,etc)	Estuary.				
San Francisco Bay area		1				
13. PROPOSED PROJECT		RESSIONAL DISTRICT O	OF:	b. Project		
Start Date Ending Date	a. Appl			California	n	
12/31/02	1	3 ION SUBJECT TO REVI				
TO THE TAX						
a. Federal \$ 100,000.00	YES: This Execu	Preapplication/Appl tive Order 12372 pro	ocess for re	wiem ou:	ie to the prace	
b. Applicant \$.00	Date:	June 17, 2002				
	. NO: 1 P	rogram is not cover	ed by EO 123	172.		
d. Local \$.00		r program has not b			r review.	
e. Other						
f, Program	IS THE APPL	ICANT DELINQUENT ON	ANY FEDERAL	DEBT?		
Income \$.00	Yes,	attach an explanati	on. IXI	10		
\$ 200,000.00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, AL DOCUMENT HAS BEEN DULY AUTHORIZED BY THE G ATTACHED ASSURANCES IF THE ASSISTANCE IS A	DARMING BOD	IS APPLICATION/PREA BY OF THE APPLICANT	PPLICATION A AND THE APPI	ARE TRUE AND LICANT WILL C	CORRECT, THE COMPLY WITH THE	
a. Typed Name of Authorized Representative	1	b. Title			[c.Telephone Number	
Celeste Cantú	 	Executive Direct	or		(916) 341-5615	
d. Signature of Authorized Representative				W 100	le. Date Signed	
Previous Editions Not Usable AUTHORIZED	FOR LOCAL	ANDELO E		Pre	Standard Form 424 (Rev 7-97) escribed by OMB Circular A-012	
	The second secon	JUN 17	7 2002			

APPLICATION FO		2. DATE SUBMIT	YED			ом д го	iproval ty	0. 03
	ANCE		ne 5, 2002	Applicant Ide	ntifier		·	- (.U
1. TYPE OF SUBMISSION:		3. DATE RECEIVE						
Application Construction	Preapplication		GIAIL	State Applicat	STA	TE CL	FARI	NG
Non-Construction	Construction	4. DATE RECEIVE	D BY FEDERAL AGEN	CY Federal Identi	Sio-			IY
5. APPLICANT INFORMATION	Non-Construction	<u></u>		o cocyal localiti) ICE			
Legal Name:								~
Colusa Regional M	fedical Center, Inc.		Organizational Un Colusa Hos	it: Saita!				
Address (give city, county, St.	ale, and zin code).		Name and telepho	pital				
199 E. Webster Str Colusa, California 9	eet 95932		Tuna application (at	ne number of persone area code) 's (530) 458-		contacted	f on matte	ers in
6. EMPLOYER IDENTIFICAT			7. TYPE OF APPL					
3 1 - 1 7 5	0 8 4 9			тем принцеппы арри	oprate.	retter in bo		
8. TYPE OF APPLICATION:			A. State	H. Independent	Schoo	l Dist.	N	
₩ N	ew Continuation	B. County	 State Control 	led Insti	itution of H	ligher Le	arnir	
*****		Revision	C. Municipal D. Township	J. Private Unive	ersity			
ff Revision, enter appropriate le	etter(s) in box(es)	7	E. Interstate	K. Indian Tribe L. Individual				
A. Increase Award B. D.	ecrease Award C. Increase	-	F. Intermunicipal	M. Profit Organi	ization			
D. Decrease Duration Othe	ecrease Award C. increase (specify):	Duration	G. Special District	N. Other (Speci	fy)			
			9. NAME OF FEDE	RAL AGENCY:				
0.04731.65			USDA, Rural Development					
U. CATALOG OF FEDERAL [OMESTIC ASSISTANCE NUM	ABER:	11. DESCRIPTIVE	THEOFARDUCA	AITIC E			
	1	0 - 766	Emergency rep	aire to the have	110 G P	KOJECI	•	
TITLE: Community	Facilities Grant		Emergency repaired worked on and a	ans to the Hosp A tinseasonal c	IIII. I	ne root	was be	ing
2. AREAS AFFECTED BY PR	OJECT (Cities, Counties, State.	c ata).	building. The he	ospital was eva	evere cuater	arom d	amage	d th
Colusa County, California		s, o ic.j:	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ogarc.	J ,		
3. PROPOSED PROJECT	14. CONGRESSIONAL DIST	RICTS OF:			***************************************		·	
tart Date Ending Date	a. Applicant							
6/1/02 8/1/02	Colusa Regional M	Adical Contan	b. Project					
ESTIMATED FUNDING:	T ODIZOG (CCG)ONALIVI	есиса Септег	E	mergency Hosp	oital R	epairs		
			16. IS APPLICATION	SUBJECT TO RE	VIEW B	Y STATE	EXECU	TIVE
Federal	\$	00	ORDER 12372 PF	ROCESS?				
A		00,000	a YES THIS DOC	1801104710==	VI 1.00 ·			
Applicant	5	00.000	a. YES. THIS PREA	APPLICATION/APP E TO THE STATE E	'LICATI	ON WAS	MADE	_
State	\$ 70	00,000	PROCESS	FOR REVIEW ON:	 	· · · · C URC	r⊏H 1237	2
· -	a)	an	1	la los				
-ocal	\$	00	DATE	111105				
Other	\$	66	b. No. PROGRA	M IS NOT COVER	€Ď BY I	E. O. 123	72	
rogram Income	\$	00	FOR REV	BRAM HAS NOT BE IEW	EN SE	LECTED	BY STAT	Ε
i i			17. IS THE APPLICAN	T DELINGUENT O	NANV	EEDED.	1 02	
OTAL	\$	0,000	Yes If "Yes" a	Hach an owninger			_	
			1			RECT T		
TO THE BEST OF MY KNOW	FORE AND PELIES ALL DA	TA IN THIS APPLIC	ATION/PREAPPLICATI					
TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY A TACHED ASSURANCES IF TH	LEDGE AND BELIEF, ALL DA LUTHORIZED BY THE GOVER HE ASSISTANCE IS AWARDS	TA IN THIS APPLIC	ATION/PREAPPLICATI E APPLICANT AND TH	E APPLICANT WIL	L COM	PLY WIT	HTHE	
TO THE BEST OF MY KNOW! CUMENT HAS BEEN DULY A TACHED ASSURANCES IF THE TYPE Name of Authorized Representations.	LEDGE AND BELIEF, ALL DA LUTHORIZED BY THE GOVER HE ASSISTANCE IS AWARDE	ED.	E APPLICANT AND TH	E APPLICANT WIL	L COM	PLY WIT	H THE	
TO THE BEST OF MY KNOW! CUMENT HAS BEEN DULY A TACHED ASSURANCES IF TH YPE Name of Authorized Repre	LEDGE AND BELIEF, ALL DA AUTHORIZED BY THE GOVER HE ASSISTANCE IS AWARDE ISOITED BY DE CONTROL OF THE CONTROL OF T	ED.	E APPLICANT AND TH	E APPLICANT WIL	L COM	PLY WIT	HTHE	<u> </u>
TO THE BEST OF MY KNOW! CUMENT HAS BEEN DULY A IACHED ASSURANCES IF TH UPP Name of Authorized Represady Myers Ignature of Authorized Paylese	LEDGE AND BELIEF, ALL DA AUTHORIZED BY THE GOVER HE ASSISTANCE IS AWARDE ISONITATIVE D. T Pre- Intative	ible	E APPLICANT AND TH	E APPLICANT WIL C. Telephone Numb (530) 458-5464	L COM	PLY WIT	HTHE	
TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY A TACHED ASSURANCES IF THE TYPE Name of Authorized Represely Myers	LEDGE AND BELIEF, ALL DA AUTHORIZED BY THE GOVER HE ASSISTANCE IS AWARDE ISOITED BY DE CONTROL OF THE CONTROL OF T	ible	E APPLICANT AND TH	E APPLICANT WIL	L COM	PLY WITI	HTHE	